Reproductive Health Survey Among Indochinese Immigrants

Final Report

Seattle, Washington

1994-1995

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Reproductive Health Survey Among Indochinese Immigrants Seattle, Washington, 1994-1995

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The International Community Health Services (ICHS), formerly known as the International District Community Health Center (IDCHC)
Seattle, Washington

US Department of Health and Human Services, Region X,
Public Health Service, Office on Women's Health (OWH)
and Title X Family Planning Program,
Seattle, Washington

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PREFACE

In 1977, the US Public Health Service (PHS) Region X provided Title X family planning funding to the International Community Health Services (ICHS), formerly known as the International District Community Health Center (IDCHC), for family planning services. The ICHS, in Seattle's International District, served primarily Asian/Pacific Islander and Southeast Asian immigrant clients, newly settled in the United States.

There has been little local, county or state data available to assist health care providers in designing reproductive health care services for female immigrants from Southeast Asia. The 1994 Reproductive Health Survey (RHS) for Indochinese women was conducted in Seattle, Washington. This study is one of the few done on the reproductive health care needs of Vietnamese, Cambodian and Laotian women in the United States. The household survey interviewed a representative sample of 607 female immigrants aged 15-44 from Indochina residing in selected census tracts. The sample included 56% Vietnamese, 25% Cambodian and 19% Laotian women.

The US PHS Region X, Office on Women's Health and Title X Family Planning program, were partners with ICHS and the Centers for Disease Control and Prevention, Division of Reproductive Health, in the implementation of the survey. Special thanks go to Frank Irigon and Vivian Lee for their initial vision and commitment to ensuring the availability of culturally sensitive and appropriate reproductive health care services to women from Southeast Asia. We are especially grateful to Barbara Lui, Charles Chen, and Leo Morris for their dedication to and support of this project.

We are also grateful to the 607 women who participated in this study, contributing so much to our understanding of the reproductive health status of Indochinese immigrants.

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Chapter 1

BACKGROUND

A. INTRODUCTION

The Seattle Reproductive Health Survey Among Indochinese Immigrants was initiated by the International Community Health Services (ICHS), formerly known as the International District Community Health Center (IDCHC), the Office on Women's Health (OWH) and the Title X Family Planning Program of the US Public Health Service, Department of Health and Human Services, Region X. Technical assistance was provided by the Division of Reproductive Health at the Centers for Disease Control and Prevention (CDC) in Atlanta. Frank Irigon, former ICHS director, proposed the survey in order to obtain population based data to better serve immigrant and refugee clients who comprise the majority of the clinic's population. It was completed under the current ICHS Director, Dorothy Wong, with Barbara Lui as the primary local coordinator.

Improving the health of women has long been a priority of the Department of Health and Human Services (DHHS), Public Health Service (PHS), Region X Office on Women's Health and the Title X Family Planning Program. This agency is known for encouraging community health providers to be creative and innovative in finding ways to improve the health of women, especially those who have less access to services due to income, language and cultural barriers. The Centers for Disease Control and Prevention, Division of Reproductive Health (CDCP/DRH) has been a longtime partner in providing expertise to local and state entities to evaluate the needs of women of reproductive age in Region X. ICHS has a twenty year history of providing culturally and linguistically accessible services to low-income, limited and non-English speaking Asian Pacific American residents of Seattle and King County.

The ICHS established a committee to work with the consultant survey coordinator on project development. This committee decided to focus on three Indochinese immigrant groups: Cambodian, Laotian[1], and Vietnamese. The basis for this decision was the absence of data about women's reproductive health behaviors for these ethnic groups. Although the ICHS serves many different ethnic groups (Asian, in particular), the information most needed and most lacking concerned Indochinese immigrants. Descriptive and baseline data were needed to gain insight into the status and issues of reproductive health among immigrant Indochinese women of reproductive age and to provide information to the ICHS and public health officials of King County to improve health care access and delivery of services to these populations.

The 1990 Census revealed a doubling of the Asian/Pacific Islander population from 1980, increasing to 202,268 in the State of Washington (which ranks third nationally for Southeast Asian refugee settlement). Persons of Indochinese backgrounds in Seattle/King County comprise the

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[1] Highland Laotian women were not targeted in this survey due to lack of a written language and lack of personnel resources to interview these women in their own languages.

fastest growing populations compared to all other ethnic groups. This appears to be the case not only in the Seattle/King County area but in other major metropolitan areas in the United States as well. Nationally, results from the 1990 Census indicate that, for 33 states, the growth of the Asian/Pacific Islander populations was 105% in the past decade. This is twice as high as the rate for Hispanics, almost nine times as high as non-Hispanic Blacks, and more than 25 times as high as non-Hispanic whites. Thus, the data obtained in Seattle could also have relevance outside of the survey area.

In Washington State, many persons who cannot acquire or afford private health care insurance are covered by The Basic Health Plan. Many Indochinese immigrants rely on county public health clinics for primary health care due to their low-income status. As the population of Indochinese immigrants has increased, the demand for services has increased. Public health concerns such as the spread of HIV, unintended and teenage pregnancies and cervical and breast cancer, for example, can be addressed more effectively when basic information about behaviors exists. For example, to what degree do Indochinese women consider themselves at risk for contracting HIV? What are their experiences with sex education? What methods of contraception are most commonly used and what types of preventive behaviors do they practice in order to reduce the risks of cancer? The need to answer questions such as these drove the project. All agencies involved with the project believe that the information gathered in this survey will contribute to the improvement of health care services to Indochinese women of reproductive health age.

After funding approval by the Title X program in Region X and CDC commitment to provide technical assistance, the ICHS community advisory group, representative of Indochinese groups of interest, health care providers, and clinic staff, began its work in earnest. Its most important role was that of oversight of the early phases of the project: to determine which ethnic groups to survey, to review the questionnaire, to assist in publicizing the project in the three communities, and to help in the recruitment of bi-lingual interviewers. Further input on the design of the survey instrument was obtained from the interviewers during their training, the majority of whom were health care providers.

B. SURVEY OBJECTIVES

As mentioned above, the intent of the survey was to gain insight into the status and issues of reproductive health behaviors among immigrant Indochinese women of reproductive age in Seattle and to provide information to the ICHS and the King County Department of Public Health to improve health care access and delivery of services to this population. Furthermore, the Seattle Reproductive Health Survey was designed to: determine the prevalence of selected health behaviors among women by age and ethnicity; study the reproductive health knowledge, attitudes and practices by age and ethnicity; determine characteristics of women by age and ethnicity who are at risk of unintended pregnancy and those in need of family planning services and to better understand their knowledge of HIV/AIDS. This survey establishes baseline data for the ICHS and King County for reproductive health behaviors and attitudes.

C. ELIGIBILITY AND CONFIDENTIALITY

Women in the age range of 15 - 44 who were born in Vietnam, Cambodia, or Laos or whose mothers were born in those countries were eligible to be respondents in the study. Young women eighteen years or younger not living independently, were asked to get permission from their parent or guardian before continuing with the interview. To protect the respondent's confidentiality, interviewers did not obtain surnames. Furthermore, the household form was separated from the questionnaire upon completion of the interview and review by the project staff.

Chapter 2

METHODOLOGY

A. SAMPLE DESIGN

The respondents eligible for this survey were women 15 to 44 years of age who were Indochinese immigrants, or their daughters, currently residing in the City of Seattle. The Indochinese community includes immigrants of several ethnic groups; Vietnamese, Cambodian, Laotian, Hmong, Mien and Cham. It was estimated that no more than 2 percent of the total eligible population was Hmong, Mien or Cham. Since it was not possible to recruit an interviewer who spoke those languages, they were not included.

The eligible respondents were selected from a random sample of blocks which showed 30 or more Indochinese persons residing in it, according to the 1990 population census (Figure 2-1). Using this criteria, a total of 70 census blocks were selected (Table 2-1) in which, it was estimated, there were 1,441 Indochinese households. Based on the assumption that 60 percent of these households would have at least one eligible woman residing in it, and a 90 percent response rate, a total of approximately 800 women were expected to be interviewed. In households with more than one eligible woman, one woman was randomly selected.

The 70 sample blocks were randomly allocated to a primary replicate of 35 blocks and five supplemental replicates of 7 blocks each (shown in table). The survey utilized all blocks in the primary replicate first and continued with the supplemental replicates in corresponding order. Since each replicate is an independent random sample of the survey area, once a replicate was released for the survey the whole replicate was completed to assure correct sample representation. The desired number of interviews, within budget constraints, were obtained from the primary and the first two supplemental replicates. The other three supplemental replicates were left unused.

B. FIELDWORK PROCEDURES

The maps of all sample blocks were provided by Gambrell Urban Inc., a commercial urban-planning firm with access to the 1990 Population Census data. All interviewers were given maps which contained clear street identification and indications of the blocks in which they were assigned. Interviewers were instructed to visit all households systematically, making door-to-door visits and following the addresses within the boundaries of the block. One, two or more interviewers were assigned to cover each sample block depending on its size and major language spoken by residents.

Except for very young women, most respondents were unable to be interviewed in English. Consequently, the interviewer selected had to be fluent in the language of the respondent. These languages included Vietnamese, Cantonese, Cambodian, and Laotian. Survey methodology included a household screening form for the initial home visit that was designed to do the following:

a. Screen and select eligible women for interview (women of reproductive ages from Indochina).
b. Schedule a revisit for an absent household or woman.
c. Refer households or eligible women to other interviewers for revisits due to language barriers.
d. Monitor the coverage and progress of fieldwork.

Once an eligible woman was identified and selected, the interview took place.

C. RECRUITMENT AND TRAINING OF INTERVIEWERS

A community-wide search for bilingual interviewers resulted in applications of 35 interested women. Flyers advertising the job were placed in many strategic locations in Seattle: health clinics, churches, grocery stores, community newspapers, the community mental health clinics, and signposts. The majority of those hired had training as health care professionals. Initially, eleven women were selected to start the project. It is important to note here that these women were all fully employed in other jobs. This highlights the difficulty of finding qualified bi-lingual interviewers who could devote full-time to the project and underscores the value that speaking Vietnamese, Cambodian, or Lao and English has in the Asian community.

At the same time that interviewer training took place, news releases and flyers announcing the project were released and distributed throughout the survey areas. The intent was to provide the community and potential respondents, in particular, with information about the study that would increase the chances of their participation. As such, the information included the sponsors of the study, the objectives of the study, rationale for why their participation was important, details about how interviewers would survey the community, and finally, the fact that their participation would be confidential with no last names used. This was an important aspect to the project. Interviewers showed the printed newspaper ads and flyers with letters of introduction and badges as they went from household to household. It was understood by all involved with the project that the sample population in the areas we surveyed might be suspicious of anyone asking sensitive questions.

The project required a full week of intense training for the interviewers. Although, as previously stated, most of the interviewers were experienced women's health care providers, they were not familiar with population-based research and data collection. The delicate work of asking sensitive questions to a sample population of women, with whom they had no prior relationship, required extensive instruction on the basics of research, the need for strict interviewing protocols and how to collect objective data. Attention to detail and accuracy were impressed upon the interviewers

throughout the training. During the training period, the interviewers, by language group, also reviewed the questionnaire for problems and together resolved any potential difficulties. This proved very important to the development of the final questionnaire.

The Project Training Manual, modeled after the Cherokee Interviewer Training Manual (1992 Eastern Cherokee Behavioral Risk Factor Survey of the Indian Health Service) contained the following detailed information:

Part I: General Information

A. *Sample Population*
B. *Sample*
C. *Role of the Interviewer*
D. *Training of Interviewers*
E. *Supervision of Interviewers*
F. *Questionnaire and Other Documents*
G. *Confidentiality*

Part II: Interviewing Techniques

A. *Building Rapport with the Respondent*
1. Make a good first impression.
2. Always have a positive approach.
3. Stress confidentiality of responses.
4. Answer any respondent's questions.
5. Interview the respondent alone.

B. *Tips for Successful Interviewing*
1. Be neutral throughout the interview.
2. Never suggest answers.
3. Do not change the wording or sequence of questions.
4. Handle hesitant respondents tactfully.
5. Do not hurry the interview.

Part III: Field Procedures

A. *Materials to be Taken to the Field*
1. Interviewer Training Manual
2. A supply of questionnaires
3. A supply of call-back cards
4. Official credentials
5. Pencils, clipboard, erasers

B. *Possible Outcomes at Houses Visited*

C. *Submission of Completed Questionnaire*

Part IV: Interview Instructions

A. *Conducting an Interview*
B. *Interview Questions*

Interviewers practiced administering the questionnaire during the training sessions and were also required to conduct practice interviews with three women of their same ethnicity of reproductive health age (15 - 44 years old) prior to the start of fieldwork. Each interviewer's questionnaires were critiqued by the project director or fieldwork director. Individual meetings with the interviewers were conducted following the critiques.

Finally, four sets of teams, each representative of the three languages (two Vietnamese interviewers per team), were assigned blocks in the first replicate. The purpose of the team approach was to enable interviewers to survey blocks together and have the advantage of being able to interview households of all three language groups during the first visit to the household.

D. QUESTIONNAIRE CONTENT

The Seattle Reproductive Health Survey (SRHS) included the following modules:

- Background Information
- Pregnancy Events
- Sexual Experience and Activity
- Initial Contraception Use
- Childbearing/Sterilization
- AIDS and Substance Use
- Access to Care/Women's Health
- Sex Education
- Surgical Procedures for Sterilization
- Current Contraception Use
- Demographic Data

A comprehensive reproductive health questionnaire (See Appendix) designed by CDC was adapted from survey instruments previously used in Hawaii and Idaho. Early on, CDC and the advisory committee made the decision to use bi-lingual interviewers to survey the study households. This was a critical and important factor in the project's ability to collect the necessary information. The other alternative of translating the lengthy questionnaire would have been too costly. More importantly, many of the terms could not be directly translated into the Asian languages important to the study because their use was unfamiliar. The ICHS committee worked with its own health care providers to make revisions in order to facilitate careful and accurate data collection. Finally, the interviewers fine-tuned the survey instrument, question by question, by meeting with persons in their specific language groups and reaching consensus on how to administer the questionnaire. With regards to the questionnaire, a majority of the changes made related to demographic characteristics, not reproductive health behaviors. Questions about ethnicity, spoken languages, parent's birthplaces, types and places of education were added to collect information important to the immigrant experience.

E. RESPONSE RATES AND CHARACTERISTICS OF RESPONDENTS

The record of home visits for the 49 sample blocks used in the survey (the primary and first two supplemental replicates) is shown in Table 2-1. Of a total of 4,131 households visited, 1,142 (28%) were identified as Indochinese households. These numbers closely match the 1990 census figures where out of a total of 4,145 households, 1,109 were estimated to be Indochinese (Table 2-1). Out of 688 eligible women identified, 607 (88%) completed an interview. Response rates for households and individuals are shown in the footnotes of Table 2-2.

As shown in Table 2-3, the survey sample includes 56% Vietnamese, 25% Cambodian, and 19% Laotian women. These women are characterized by low socio-economic status. Only 25% have a high school education or more, 73% are not employed, and 40% have annual household incomes of less than $10,000, with almost two-thirds (64%) living in households with annual incomes of less than $15,000.

Approximately one-third of women (34%) have been in the United States for less than four years, another 39% from four to ten years and 27% for 11 or more years. This distribution is the same for women in union and those not in union and was used as a surrogate for an "acculturation" variable in this report. Only 14% of women in union are young adults (15-24 years of age) and, as expected, most women not-in-union (61%) are young adults. Women not in union, who are younger, have better educational levels.

Vietnamese are younger and have the highest proportion of women that have never been married or in a union (Table 2-4). Laotians are most likely to be married or in a union (56%) and also have the highest proportion of women who are employed (36%) and who live in households with incomes over $25,000 (23%). Vietnamese women are the most recent immigrants with over half (55%) coming to the U.S. in the last three years. Along with being the youngest group, they are the best educated of the three groups in the study.

For all women, current employment status is shown by school attendance in table 2-5. About one-quarter of women are working whether they are in school (26%) or not in school (28%). Those who are not in school tend to be working full-time, while most students work part-time. Most women not working specified child care problems (44%) or being in school (32%) as the principal reason they do not work. A greater proportion of Vietnamese women cited "studying" (38%) as the reason they do not work than did Cambodian or Laotian woman (25% each).

Table 2-6 depicts the characteristics of women by employment/schooling status. Of the 28% of women who are employed, 60% work only and the other 40% both study and work. A higher proportion of Vietnamese women are in school or do both school and work (56%), compared with Cambodian (29%) and Laotian (16%) women. Women who both study and work are more likely to not be in union, be younger, have no children and have higher education levels.

In this report, categorization by ethnic group was determined by the respondent's birth country (or the mother's, if the respondent was not born in an Indochinese country). The place of birth and ancestry for the respondent's parents as well as the respondents place of birth and the ancestry of her spouse/partner, if she was in a marital union, are shown in table 2-7. Almost all respondents were born in their country of origin or another Indochinese country. Less than one percent were born in the United States. Most married women's spouses/partners (89%) were of the same ancestry or from another Indochinese country.

Finally, in Table 2-8, other respondent characteristics are shown by ethnic group. Most Vietnamese come from an urban background while Cambodian and Laotian women tend to have rural backgrounds. Vietnamese women were older at the time of immigration to the U.S. and tended to have somewhat smaller household size. Although all three ethnic groups reported high rates of Buddhism (Cambodian 82%, Laotian 71%, Vietnamese 56%), 29% of Vietnamese women practice Catholicism.

Less than 5% of respondents speak English as their first language. This ranges from 2% of Vietnamese to 9% of Cambodian women. Most women speak their ethnic language (85%), although 23% of Laotians reported that they principally speak other Indochinese languages.

Table 2-1
1990 Population Census Enumeration of Indochinese Residents and Estimated Indochinese Households in Sample Blocks of Replicates
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Replicate	Sample Blocks	1990 Population Census Enumeration: Households (a)	Population (b)	Indochinese* (c)	Estimated Indochinese Households (a)x(c/b)
Primary	35	3,037	9,138	2,348	781
Supplement 1	7	514	1,562	503	165
Supplement 2	7	594	1,691	464	163
Sub-total	49	4,145	12,391	3,315	1,109
Supplement 3	7	376	1,355	311	88
Supplement 4	7	678	1,740	305	121
Supplement 5	7	514	1,674	396	123
Sub-total	21	1,568	4,769	1,012	332
Grand-total	70	5,713	17,160	4,327	1,441

Note: The survey actually covered the primary duplicate and the supplement duplicates 1 and 2. The supplemental replicates 3, 4 and 5 are provisional without being visited.

Table 2-2
Response Status of Household and Individual Interviews
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

		Number	Percentage
A.	Total Number of Households in Sample	4,131	100.0
	Vacant Households	123	3.0
	Non-Indochinese Households	2,765	67.0
	No interview	101	2.4
	Indochinese Households	1,142	27.6
B.	Indochinese Households	1,142	100.0
	No woman 15-44 in household	340	29.8
	Hmong, Mien, and Cham	13	1.1
	Residents not at home	101	8.8
	Residents at home	688	60.3
C.	Indochinese Individual Interviews	688	100.0
	Interview completed	607	88.2
	Interview not completed	81	11.8

Response Rates:

(1)	Total Households	(4131-101)/4131 = 97.6%
(2)	Indochinese Households	(1142-101/1142 = 91.2%
(3)	Individual Interviews	607/688 = 88.2%
(4)	Overall Response Rate for Indochinese Sample	(2) x (3) = 80.4%

Table 2-3
Ethnic, Demographic, and Socio-economic Background by Union Status,
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Background of Women	All Women Aged 15-44	Current Union Status	
		In Union	Not in Union
Total	100.0	100.0	100.0
(Number of women)	(607)	(283)	(324)
Age of Women at Interview			
15-24	40.1	14.4	60.6
25-34	34.3	44.1	26.5
35-44	25.6	41.5	13.0
Ethnicity			
Vietnamese	56.4	51.8	60.1
Cambodian	24.9	24.0	25.7
Laotian	18.7	24.3	14.2
Education of Women			
No formal schooling	10.1	11.5	8.9
1-8 years	37.8	47.9	29.8
9-11 years	26.8	19.5	32.6
12 years or more	25.4	21.1	28.8
Employment Status			
Not employed	72.5	69.6	71.8
Employed	27.5	30.4	25.2
Annual Household Income			
<$10,000	40.4	31.3	47.6
$10,000-$14,999	23.2	30.0	17.8
$15,000-$24,999	14.0	18.2	10.7
>$25,000	7.9	14.1	3.1
Unknown	14.4	6.4	20.9
Years in the U.S.			
Less than 4 years	34.1	34.1	34.2
4-10 full years	38.7	38.0	39.3
11+ full years	27.1	27.9	26.5

*In this and subsequent tables, subtotals may not add to 100.0% due to rounding.
Note: Unweighted number of cases are given in parentheses.

Table 2-4
Demographic and Socio-economic Background by Ethnicity
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Background of Women	Vietnamese	Cambodian	Laotian
Total	100.0	100.0	100.0
(Number of women)	(338)	(151)	(118)
Age of Women at Interview			
15-24	44.9	35.8	31.1
25-34	30.1	39.2	40.9
35-44	25.1	25.0	28.0
Current Status of Union			
In union, legal marriage	37.9	31.8	52.3
In consensual union	2.8	10.8	5.3
Previously in union	12.6	26.1	13.6
Never married/in union	46.7	31.3	28.8
Education of Women			
No formal schooling	2.5	21.6	17.4
1-8 years	36.3	39.8	39.4
9-11 years	31.6	23.9	15.9
12 years or more	29.6	14.8	27.3
Employment Status			
Not employed	74.9	72.7	64.4
Employed	25.1	27.3	35.6
Annual Household Income			
<$10,000	48.1	31.3	28.8
$10,000-$14,999	19.5	31.3	23.5
$15,000-$24,999	10.0	20.5	17.4
>$25,000	3.8	6.8	22.7
Unknown	18.5	10.2	7.6
Years in the U.S.			
Less than 4 years	55.4	3.5	9.4
4-10 full years	33.5	49.1	40.6
11+ full years	11.1	47.4	50.0

Note: Unweighted number of cases are given in parentheses.

Table 2-5
Employment Status of Respondents by Current Status of Schooling,
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Current Status of Employment	Total	Current Status of Schooling	
		In School	Not in School
Not Working	72.5	73.6	71.7
Working	27.5	26.4	28.3
1-19 hours/week	4.5	10.5	0.7
20-34 hours/week	5.5	8.3	3.7
35+ hours/week	17.5	7.6	23.9
Total	100.0	100.0	100.0
(N)	(607)	(213)	(394)

Note: Unweighted number of cases are given in parentheses.

Table 2-6
Schooling and/or Employment by Selected Characteristics
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Working	Studying	Both	Neither	Total	(N)
Total	17.3	28.7	10.3	43.7	100.0	(607)
Ethnicity						
Vietnamese	13.0	34.1	12.0	40.9	100.0	(338)
Cambodian	19.3	21.0	8.0	51.7	100.0	(151)
Laotian	27.3	8.0	8.3	41.7	100.0	(118)
Current Union Status						
In union	27.5	16.6	2.9	53.0	100.0	(283)
Not in union	9.1	38.3	16.2	36.3	100.0	(324)
Age Group						
15-19	0.7	70.5	18.1	10.7	100.0	(109)
20-24	14.9	22.4	14.2	48.5	100.0	(121)
25-34	26.3	13.6	7.4	52.7	100.0	(224)
35-44	20.4	19.3	5.0	55.2	100.0	(153)
Number of Live Births						
0	13.7	52.0	24.6	9.7	100.0	(182)
1-2	20.6	15.2	3.7	60.5	100.0	(230)
3-4	20.3	16.5	1.9	61.4	100.0	(148)
5+	10.3	19.0	0.0	70.7	100.0	(47)
Education Level						
No school	22.5	14.1	1.4	62.0	100.0	(64)
1-8 years	18.7	19.5	3.0	58.8	100.0	(246)
9-11 years	12.2	43.4	15.3	29.1	100.0	(150)
12+ years	18.3	32.8	19.4	29.4	100.0	(147)
Years in United States						
0-3 years	11.3	38.2	12.6	37.8	100.0	(193)
4-10 years	14.4	25.2	7.8	52.6	100.0	(245)
11+ years	28.4	20.5	11.1	40.0	100.0	(161)

Note: Unweighted number of cases are given in parentheses.

Table 2-7
Place of Birth and Ancestry of Respondent, Spouse, and Parents, by Ethnicity of Respondent
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Total	Vietnamese	Cambodian	Laotian
Birth Place of Respondent				
Same as ethnic origin	94.2	99.0	92.6	81.8
Other Indochinese country	3.3	0.5	2.3	12.9
United States	0.4	0.3	1.1	0.0
Other than above	2.1	0.3	4.0	5.3
Birth Place of Mother				
Same as respondent	94.2	94.5	94.9	82.6
Other Indochinese country	3.4	0.3	2.8	13.6
United States	0.0	0.0	0.0	0.0
Other than above	2.4	5.3	2.3	3.8
Birth Place of Father				
Same as respondent	86.6	87.0	93.2	76.5
Other Indochinese country	4.0	1.0	2.3	15.2
United States	3.4	5.8	0.0	0.8
Other than above	6.1	6.3	4.5	7.6
Ancestry of Spouse/Partner				
Same as respondent	57.4	54.6	63.1	58.3
Other Indochinese country	4.8	0.5	5.7	16.7
United States	1.0	0.8	2.3	0.0
Other than above	6.6	8.0	6.3	3.0
No husband/partner	30.1	36.1	22.7	22.0
Ancestry of Mother				
Same as respondent	85.6	88.5	88.6	72.5
Other Indochinese country	5.2	1.0	2.8	21.4
United States	0.0	0.0	0.0	0.0
Other than above	9.2	10.5	8.5	6.1
Ancestry of Father				
Same as respondent	82.8	82.1	91.8	73.1
Other Indochinese country	5.7	1.8	2.4	22.3
United States	3.6	6.3	0.0	0.0
Other than above	7.9	9.8	5.9	4.6
Total	100.0	100.0	100.0	100.0
(N)	(607)	(338)	(151)	(118)

Note: Unweighted number of cases are given in parentheses.

Table 2-8
Rural-Urban, Demographic and Religious Background and
Language Spoken at Home, by Ethnicity of Respondent
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Total	Vietnamese	Cambodian	Laotian
Childhood Residence				
Urban	45.7	57.9	28.3	31.8
Sub-Urban	24.2	24.4	28.3	18.2
Rural	30.1	17.6	43.4	50.0
Age at Immigration				
0-6	7.4	3.5	11.9	12.9
7-14	18.4	15.5	22.7	21.2
15-19	17.4	19.8	15.3	12.9
20-24	22.5	24.6	19.3	20.5
25-29	13.2	11.5	17.6	12.1
30-44	19.9	24.6	11.4	17.4
Not known	1.3	0.5	1.7	3.0
Size of Household				
1-2	9.6	12.5	5.7	6.1
3	21.4	21.3	22.7	19.7
4	26.7	28.8	22.2	19.7
5	20.5	20.1	22.2	19.7
More than 6	21.4	16.8	27.3	27.3
Not known	0.4	0.5	0.0	0.8
Religious Affiliation				
Buddhist	65.2	55.6	82.4	71.2
Catholic	17.5	28.6	0.0	7.6
Protestant	4.8	3.5	5.1	8.3
Confucianism	2.7	0.8	2.3	9.1
Other	1.8	1.0	3.4	2.3
No Religion	7.9	10.5	6.8	1.5
Language Most Often Spoken				
Same as ethnic origin	85.1	89.2	87.5	69.7
Other Indochinese	4.8	0.8	0.6	22.7
Chinese	4.1	6.5	1.7	0.0
English	4.5	1.8	9.1	6.8
Other than above	1.4	1.8	1.1	0.8
Total	100.0	100.0	100.0	100.0
(N)	(607)	(338)	(151)	(118)

Note: Unweighted number of cases are given in parentheses.

Chapter 3

ACCESS TO HEALTH CARE

When asked where they usually went for medical care, about 12% of all respondents reported that they never made a visit anywhere for medical care. These women either had no need for medical care or could not afford to visit a doctor. Percentages differed by age of women. The youngest group (15-24) had 17%, the 25-34 group had 9%, and the oldest 35-44 group had only 6% who never had a medical care visit (Table 3-1). The proportions of women who never made a medical care visit were almost identical for the three ethnic groups, 12%, 11%, and 11%, for Vietnamese, Cambodians, and Laotians, respectively. For Vietnamese and Cambodians, the proportion consistently decreased as woman's age increased. For Laotians, the proportions fluctuated by age, but was the highest among the 15-24 year group, possibly because of a small number of cases. Women in union had a much lower proportion (6%) than women not in union (16%). There were no consistent age differentials among women in union. Women with lower education had a much lower proportion (5%) than women with higher education (17%), both overall and within age groups. There was no apparent relationship between medical visits and years in the United States.

Whether or not respondents have medical insurance appears to be a crucial factor affecting the proportion of women who never made a medical care visit. Thirty seven percent of the uninsured never made a visit, compared to 3% of the insured. Among women with insurance, there was little difference among the three age groups (4%, 3%, and 2%, respectively). Such findings indicate that the higher proportions of younger women who never made a medical care visit were almost completely due to affordability, not to less need for medical care.

For those who had a source of medical care, the one most frequently visited was private doctors (51%), followed by public clinics (34%), and private hospitals or hospital clinics (13%) (Table 3-2). Among the three ethnic groups, Vietnamese had a higher proportion (69%) going to private doctors, while Cambodians and Laotians had higher proportions going to public clinics (54% and 45%, respectively). The higher percentage of Vietnamese women going to private doctors may be attributed to the higher number of Vietnamese physicians that are in private practice in Seattle. Many of these physicians also accept Medicaid. There was little difference in the preferences for places to visit between women in union and not in union. The proportion of respondents utilizing private hospital or hospital clinics increased with women's age, possibly because of the increasing need for care by specialty doctors. Women with higher education had higher proportions utilizing private doctors and lower proportions visiting public clinics. On the other hand, women who have been in the United States for a longer time had lower proportions utilizing private doctors and higher proportions visiting public clinics, private hospitals or hospital clinics. Women with medical insurance had higher proportions utilizing private hospitals or hospital clinic than those without insurance, probably because of affordability.

We have seen that the use of health care is largely determined by whether women were covered by health insurance. One-fourth (25%) of all respondents did not have health insurance, while the other three-fourths (75%) reported having some kind of medical insurance. There were relatively small differences noted between the three ethnic groups in proportion with health insurance (Table 3-3). Cambodians had the highest proportion insured (77%), followed by Vietnamese (75%), and Laotians (71%). Fifty-four percent of respondent households had all family member covered by insurance, 13% of households had the respondent and her children covered, and 9% had only the respondent herself covered. Fifty-eight percent use medical coupons, 11% were privately insured, and 3% were members of an HMO (which may overlap with medical coupons and privately insured). Sixty percent had full medical coverage, while about 11% had partial coverage. Comparing the type of insurance plan and extent of coverage among the three ethnic groups, Laotians had the lowest proportion (47%) receiving medical coupons and also had the lowest proportion (53%) with full insurance coverage.

The percentage distributions of type of medical insurance varied greatly by women's characteristics (Table 3-4). As previously indicated, the proportion receiving medical coupons was the lowest for Laotians (47%) but no difference between Vietnamese (61%) and Cambodian (60%). Compared to women not in union, women in union had a slightly lower proportion receiving medical coupons but a much higher proportion with other insurance. Thus, they had a lower proportion uninsured. Older age groups of women had higher proportions receiving medical coupons and, thus, a lower proportion uninsured than younger age groups. Childless women had a much lower proportion receiving medical coupons so that they had a much higher proportion uninsured than women with at least one birth.

Women's level of education exhibited a very strong negative relationship with receiving medical coupons, resulting in a very strong positive relationship to the proportion without insurance. For instance, 69% of women with less than 8 years of education, compared to 38% of women with 12 or more years of education, received medical coupons, while 18% of women with less than 8 years of education, and 41% of women with 12 or more years of education had no insurance coverage. The patterns of insurance coverage also differed vastly by employment status. Eight percent of women who were currently employed were covered by medical coupons, 58% were covered by other types of insurance, and were 34% uninsured. By contrast, women who were neither working nor studying had 81% covered by medical coupons, 3% covered by other types of insurance, and 16% uninsured. Low income women and immigrants were also often covered by medical coupons. For instance, 68% of women with an annual household income of less than $10,000, and 62% of women with less than 4 years in the United States, received medical coupons.

The data indicate that the medical coupon system has played a crucial role in providing medical insurance coverage for older women, women with children, and women of low socio-economic status. Proportions with no health insurance were much higher among women who were younger, childless, highly educated, and working. Increased availability of medical coupons for such women would likely make health care more accessible to them. It appeared that the medical coupon system has been of major benefit. Without medical coupons, as many as 98% of women with less than $10,000 annual household income, and 91% of immigrants who arrived in the United States less than 4 years earlier, would not have had medical insurance.

All respondents were asked whether there was a time during the past 12 months when they needed to see a doctor but could not because of the cost. A total of 28% of all women reported they had not been able to afford to see a doctor (Table 3-5). Since not all women with medical insurance had full coverage of medical costs, 21% of women with insurance responded that there was at least one time they could not afford to see a doctor. By contrast, about 48% of women without insurance so responded.

For women with medical insurance, Vietnamese and Cambodians women. Both had lower proportions (19% and 20%) not being able to afford as much medical care as Laotians (33%). There was little difference between women in union (23%) and not in union (20%), and among age groups. Women with three or more births, however, had higher proportions than others. The least educated group had a higher proportion (26%) than the other two groups (15% and 19%). Those who were neither working nor studying had a higher proportion (26%) than the working and studying groups (20% and 15%). Interestingly, of all income groups, the lowest income group had the smallest proportion (18%), and among categories of durations in the States, women with less than 4 years had the lowest proportion (17%) who could not afford to visit a doctor, possibly due to a higher proportion receiving medical coupons.

Table 3-5 also shows the sub-classifications of the proportion of women who could not afford to visit a doctor by the characteristics of women who did not have medical insurance. However, the proportions indicated for the sub-categories are based on small number of observations so they are less stable than those for women with insurance.

Table 3-1
Proportion of Women Who Had Never Visited a Doctor
or Other Place for Medical Care by Selected Characteristics
by Age of Women, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

	Total		Age Groups 15-24		25-34		35-44	
Total	11.5%	(607)	17.3%	(230)	8.6%	(224)	6.1%	(153)
Ethnicity								
Vietnamese	11.8	(338)	16.2	(148)	10.0	(107)	6.0	(83)
Cambodian	10.8	(151)	15.9	(47)	10.1	(65)	4.6	(39)
Laotian	11.4	(118)	24.4	(35)	3.7	(52)	8.1	(31)
Union Status								
In union	6.4	(283)	4.4	(43)	7.3	(130)	6.2	(110)
Not in union	15.5	(324)	19.8	(187)	10.5	(94)	5.9	(43)
Education								
<8 years	5.0	(310)	2.9	(59)	6.5	(148)	4.2	(103)
8+ years	17.3	(297)	21.9	(171)	12.2	(76)	9.4	(50)
Years in the U.S.*								
<4 years	12.2	(193)	13.2	(88)	12.9	(49)	10.0	(56)
4-10 years	9.3	(245)	17.4	(83)	5.1	(115)	3.7	(47)
11+ years	13.7	(161)	24.7	(54)	9.8	(58)	3.5	(49)
Medical Insurance								
Not insured	36.9	(141)	45.7	(73)	28.6	(46)	-	(22)
Insured	2.8	(466)	3.7	(157)	2.7	(178)	2.0	(131)

Note: Unweighted number of cases are given in parentheses.
* Cases with missing information were excluded.
- Fewer than 25 cases.

Table 3-2
Place of Usual Medical Care by Selected Characteristics
for Women Having a Place for Usual Medical Care
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Private Doctor	Public Clinic*	Private Hospital**	Others	Total	(N)
Total	50.8	34.2	13.4	1.6	100.0	(543)
Ethnicity						
Vietnamese	68.5	21.9	9.4	0.3	100.0	(301)
Cambodian	29.3	53.5	14.6	3.5	100.0	(137)
Laotian	26.5	45.3	23.9	4.3	100.0	(105)
Union Status						
In union	50.2	33.1	16.0	0.7	100.0	(264)
Not in union	51.9	35.1	11.1	2.4	100.0	(279)
Age Group						
15-24	50.0	38.5	9.8	1.7	100.0	(192)
25-34	47.7	36.5	14.0	1.8	100.0	(207)
35-44	55.9	25.3	17.6	1.2	100.0	(144)
Women's Education						
<8 years	44.9	38.3	15.3	1.6	100.0	(296)
8-11 years	53.9	33.9	10.9	1.2	100.0	(132)
12 years+	60.7	25.0	12.1	2.1	100.0	(115)
Years in the U.S.***						
<4 years	76.1	18.2	4.8	1.0	100.0	(171)
4-10 years	40.4	40.4	17.6	1.6	100.0	(223)
11+ years	34.8	44.5	18.3	2.4	100.0	(142)
Health Insurance						
Not insured	54.0	36.3	8.0	1.8	100.0	(89)
Insured	50.1	33.7	14.6	1.6	100.0	(454)

Note: Unweighted number of cases are given in parentheses.

*Clinics of health department or community health centers.
**Private hospitals or hospital clinics.
***Cases with missing information were excluded.

Table 3-3
Health Insurance Coverage, Insurance Plan, and Extent of Coverage by Ethnicity, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Total	Ethnicity of Women		
		Vietnamese	Cambodian	Laotian
No Health Insurance	25.3	25.3	22.7	28.8
Have Health Insurance	74.5	74.5	77.3	71.2
Insurance Coverage				
Respondent & family	53.5	56.9	44.9	52.3
Respondent & child	12.5	8.5	24.4	8.3
Respondent only	9.2	9.3	8.0	10.6
Insurance Plan				
Medical coupon	58.0	60.9	59.7	47.0
Private	10.6	9.8	9.1	15.2
HMO	3.3	1.8	4.5	6.0
Others	2.8	2.2	4.0	3.0
Extent of Coverage				
Complete	60.1	61.2	63.1	53.0
Most	7.6	6.8	6.8	9.8
Some	3.1	2.7	2.3	5.3
Unknown	4.1	4.0	5.1	3.1
All Respondents	100.0	100.0	100.0	100.0
(N)	(607)	(338)	(151)	(118)

Note: Unweighted number of cases are given in parentheses.

Table 3-4
Percentage Distribution of Types of Medical Insurance Coverage
by Selected Characteristics, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Medical Coupon	Other Insurance	Not Insured	Total	(N)
Total	58.0	16.7	25.3	100.0	(607)
Ethnicity					
Vietnamese	60.9	13.8	25.3	100.0	(338)
Cambodian	59.7	17.6	22.7	100.0	(151)
Laotian	47.0	24.2	28.8	100.0	(181)
Union Status					
In union	55.6	23.3	21.1	100.0	(283)
Not in union	59.9	11.4	28.7	100.0	(324)
Age Group					
15-24	53.4	14.1	32.7	100.0	(230)
25-34	57.2	19.8	23.0	100.0	(224)
35-44	66.3	16.6	17.1	100.0	(153)
Number of Births					
0	35.9	19.8	44.4	100.0	(182)
1-2	68.7	16.5	14.8	100.0	(230)
3-9	71.3	13.4	15.3	100.0	(195)
Women's Education					
<8 years	68.9	13.6	17.5	100.0	(310)
8-11 years	57.1	18.0	24.9	100.0	(150)
12 years+	38.3	21.1	40.6	100.0	(147)
Employment Status					
Employees*	8.2	58.2	33.6	100.0	(104)
Students	54.0	13.4	32.6	100.0	(213)
Neither of the above	81.2	3.2	15.5	100.0	(290)
Annual Household Income**					
<$10,000	68.8	2.1	29.1	100.0	(247)
$10,000-$14,999	71.3	10.4	18.3	100.0	(150)
$15,000	26.9	45.5	27.6	100.0	(134)
Years in the U.S.**					
<4 years	61.8	8.8	29.4	100.0	(193)
4-10 years	67.4	12.2	20.4	100.0	(245)
11+ years	40.5	32.6	26.8	100.0	(161)

Note: Unweighted number of cases are given in parentheses.
*Includes part-time students.
**Cases with missing information excluded.

Table 3-5
Proportion of Women Who Could Not Afford to See Doctor When Needed Sometime during the Past Year by Selected Characteristics of Women by Whether Have Medical Insurance, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Characteristics of Women	Proportion Who Could Not Afford to See Doctor: With Insurance		Without Insurance		Total	(N)
Total	21.4%	(466)	47.5%	(141)	28.1%	(607)
Ethnicity						
Vietnamese	18.5	(258)	54.5	(90)	27.6	(338)
Cambodian	19.9	(121)	20.0	(30)	19.9	(151)
Laotian	33.0	(87)	57.9	(31)	40.2	(118)
Union Status						
In union	23.1	(227)	42.4	(56)	27.2	(283)
Not in union	19.9	(239)	50.4	(85)	28.7	(324)
Age Group						
15-24	22.0	(157)	42.4	(73)	28.6	(230)
25-34	19.8	(178)	55.4	(46)	28.0	(224)
35-44	22.7	(131)	-	(22)	27.1	(153)
Number of Births						
0	18.8	(102)	50.0	(80)	32.7	(182)
1-2	20.8	(197)	38.9	(33)	23.5	(230)
3-9	24.0	(167)	48.5	(28)	27.8	(195)
Women's Education						
< 8 years	25.8	(260)	49.2	(50)	29.9	(310)
8-11 years	14.8	(116)	42.6	(34)	21.7	(150)
12 years +	18.7	(90)	49.3	(57)	31.1	(147)
Employment Status						
Employees*	19.8	(72)	48.8	(32)	29.5	(104)
Students	15.1	(146)	42.2	(67)	23.9	(213)
Neither of the above	26.4	(248)	56.3	(42)	31.1	(290)
Annual Household Income**						
< $10,000	18.3	(184)	45.8	(63)	26.3	(247)
$10,000-$14,999	23.9	(124)	56.7	(26)	29.9	(150)
$15,000	22.1	(101)	44.2	(33)	28.2	(134)
Years in the U.S.**						
< 4 years	16.7	(142)	61.4	(51)	29.8	(193)
4-10 years	24.2	(196)	43.6	(49)	28.2	(245)
11+ years	23.7	(123)	33.3	(38)	26.3	(161)

Note: Unweighted number of cases are given in parentheses.
- Fewer than 25 cases.
*Include part-time students.
**Cases with missing information were excluded.

Chapter 4

WOMEN'S PREVENTIVE HEALTH CARE

Preventive health care is a critical issue for women, particularly in relation to cervical and breast cancers. Prevention and early detection of cancers, while generally well-publicized for the general American population, may not have been well publicized in refugee or immigrant populations. Preventive health care for immigrant women who came to the United States from war-torn countries where regular medical care as well as preventive care and education were lacking, is particularly important in the United States where managed care may increasingly limit patient access to medical care from providers who understand and speak the same language.

Of all women interviewed, 69% report having a regular medical check-up, 48% had a Pap smear test, 52% had a clinical breast exam, and only 8% had a mammogram, within two years prior to time of interview (Table 4-1). The proportion of women who received these services was higher among those who were currently and previously in union than those never in union. It is obvious that women who had never been in a union had very low proportions seeking out regular preventive care for cervical and breast cancer. Only 20% had a Pap smear, 30% had a clinical breast exam, and a minimal 3% had a mammogram within 2 years prior to interview. These low figures are influenced by the higher proportion of young and not sexually active women who are not in union and who did not feel it necessary to have a check-up. Also, baseline mammograms are generally not recommended until sometime after 35 years of age. Among those who were currently or previously in union, about three fourths (75%) had a regular physical check-up, about two thirds (66%) had both Pap smear and clinical breast exam, and only slightly more than one-tenth (11%) had a mammogram within 2 years prior to time of interview (Table 4-2). Among the four types of preventive health services shown in the table, the regular check-up, which had the highest level, had the least differentials for the variables presented in the table. Interestingly, the proportion of women having had a recent regular check-up was higher for those who were not employed (77%) than those who were currently employed (70%). As expected, however, women who had medical insurance had a higher proportion of check-ups (78%) than those without insurance (61%).

For the Pap smear exam, Vietnamese women reported a lower proportion (57%) than the other two ethnic groups (76% and 73%, respectively). The proportion having a recent Pap smear was positively related to some variables, such as household income, years in the States, and medical insurance. The proportion with a recent Pap smear increased from 59% for annual household income less than $10,000 to 74% for income $15,000 or more. The proportion also increased from 54% of women in the US for less than 4 years to 78% of women in the US for 11 or more years. In addition, 68% of women with medical insurance compared to 57% of women without insurance had a Pap smear. For the clinical breast exam, Vietnamese again reported the lowest proportion (56%) having a recent check-up compared with the other two ethnic groups (73% and 80%, respectively). The proportion of women having a recent clinical breast exam was also positively related to current employment status, years in the United States, and medical insurance.

The low proportion reporting mammograms (11%) was significantly related to age of the women since it is not routinely done for younger women. Those who were not employed had a somewhat higher proportion (12%) than those who were employed (9%); and women with medical insurance had a higher proportion (13%) than women without insurance (3%).

We have seen that compared to women who were currently employed, those who were not employed had consistency higher proportions of recent regular physical check-ups, clinical breast exams, and mammogram. This is because having medical insurance made a significant difference in the proportion having had these preventive check-ups, and the unemployed women had a higher proportion of medical insurance coverage than the employed. This issue was discussed in the previous chapter, Access to Health Care. Of all women who had a Pap smear, 78% said that the last test was performed on the occasion of a family planning, maternity examination (40%), or a routine check-up (38%). The rest were performed during an obstetric or gynecology related exam or exams not related to reproductive health (Table 4-3). The reasons for not having a Pap smear are also shown in Table 4-3. Forty percent of the women felt they did not need the test, and 27% never thought of the test. Thus, 67% of the women would be unlikely without some education or guidance to ask for a Pap smear examination. Eight percent said they felt embarrassed or were afraid of the test, and 6% said that the doctor or nurse had not recommended it. Women of reproductive health age responding with these answers indicate low levels of awareness of the importance of having the test.

Almost 50% of the clinical breast exams were performed on the occasion of a routine check-up, and the rest were related to family planning or maternity visits (28%) and other medical visits related (12%), or not related (9%) to a breast problem (Table 4-4). The proportion of women utilizing routine exams was positively related to education of women and years in the United States.

For the overwhelming majority of women not having mammograms, 27% responded "No symptoms," as the reason for not having one. Twenty two percent responded that they never heard of a mammogram, and 18% said it had not been recommended by their doctor or nurse (Table 4-5). Among ethnic groups, Vietnamese were most likely to have never heard of a mammogram, while Cambodian and Laotian were more likely to not have a reason. The youngest group of women correctly thought they were not old enough to have the exam, while the oldest groups principally responded that they had no symptoms as the main reason. Proportionately, very few women considered the cost of a mammogram as a deterrent, and insurance coverage did not appear to matter.

The proportion of respondents who conduct self-breast examinations was very low. Overall, 32% of the women indicated they conducted a self-breast examination once a week, and only 5% did it every six months (Table 4-6). One-third (33%) said they did not know how to conduct the exam, while 30% of women responded they never thought about it. Another 29% thought that it was not necessary to do it. Thus, most women who did not perform a breast self exam were either without the knowledge or not motivated to do it.

Breast-feeding

The majority of live-born infants were bottle fed (56%). About one-third (33%) were exclusively breast-fed, and the rest (11%) were both bottle and breast-fed (Table 4-7). The higher proportion of infants being breast-fed in early years is due to more infants born outside the United States prior to 1990. Physical discomfort, lack of milk flow, and mothers who work are the main reasons given for not being able to breast-feed their infants (Table 4-8).

Smoking and Drinking

The overwhelming majority (96%) of respondents in all age groups do not smoke (Table 4-9). A considerable proportion of women (33%), however, were exposed to passive smoking at home, due to of the smoking of their partners or family members. Similar to smoking, the overwhelming majority (96%) of respondents do not drink alcoholic beverages.

Table 4-1
Preventive Health Services by Union Status, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Timing of Last Service	Total	Union Status for All Women Age 15-44: Currently in Union	Previously in Union	Never in Union
Regular Check-up				
Less than 2 years	69.4	76.4	71.9	60.7
2 years or more	7.1	4.2	7.9	10.0
Never had one	23.5	19.5	20.2	29.3
Pap Smear Test				
Less than 2 years	47.7	68.1	59.6	20.0
2 years or more	4.4	7.0	6.1	0.7
Never had one	47.9	24.9	34.2	79.3
Clinical Breast Exam				
Less than 2 years	51.9	65.2	68.4	30.4
2 years or more	5.0	6.7	3.5	3.6
Never had one	43.1	28.1	28.1	66.1
Mammogram Taken				
Less than 2 years	8.1	11.5	10.5	3.2
2 years or more	1.0	2.2	0.0	0.0
Never had one	90.9	86.3	89.5	96.8
Total	100.0	100.0	100.0	100.0
(N)	(607)	(283)	(105)	(219)

Note: Unweighted number of cases are given in parentheses.

Table 4-2
Percentage of Women Having Had Preventive Health Services
within Past 2 Years by Selected Variables
Women Currently/Previously in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

	% Had Last Service Within 2 Years				
	Regular Check-up	Pap-Smear	Clinical Breast Exam	Mammogram	(N)
Total	75.2%	65.8%	66.0%	11.2%	(388)
Ethnicity					
Vietnamese	75.9	56.6	56.1	12.3	(191)
Cambodian	74.4	76.0	72.7	9.9	(110)
Laotian	74.5	73.4	79.8	10.6	(87)
Age Group					
15-24	73.5	66.2	72.1	2.9	(65)
25-34	73.4	66.5	64.9	5.9	(179)
35-44	77.8	64.9	64.9	20.5	(144)
Education of Women					
<8 years	74.4	65.8	65.6	10.8	(251)
8-11 years	80.5	63.6	68.8	7.8	(66)
12 years +	72.8	67.9	61.7	16.5	(71)
Employment Status					
Not employed	77.2	65.6	69.1	12.2	(287)
Employed	69.8	66.4	57.8	8.6	(101)
Annual Household Income*					
<$10,000					
$10,000-$14,999	72.2	58.6	64.8	9.3	(149)
>$15,000	83.2	71.2	69.6	12.8	(115)
	69.5	73.7	66.1	13.6	(107)
Years in the U.S.*					
<4 years	75.0	54.0	57.3	12.9	(108)
4-10 years	77.3	67.4	64.0	6.4	(161)
11+ years	72.2	77.8	77.8	16.7	(115)
Have Health Insurance					
Yes	78.0	67.6	70.4	13.0	(327)
No	61.1	56.9	44.4	2.8	(61)

Note: Unweighted number of cases are given in parentheses.
*The number of cases in sub-categories do not add up to the total due to the exclusion of unknown cases.

Table 4-3
Occasions of Recent Pap Smear for Women Having Had the Test and
Reasons for Not Having a Pap Smear for Women without the Test
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

1. Occasions for the Most Recent Pap Smear Test:

a. A family planning or maternity examination	40.5%
b. A routine physical check-up	38.0
c. An obstetric or gynecology related exam	17.5
d. An exam not related to the above	4.0
Total	100.0%
(Number of women having had Pap Smear)	(341)

2. Reasons for Not Having a Pap Smear Test:

a. I do not need the test	40.4%
b. Never thought of the test	27.1
c. Embarrassed to get or afraid of the test	7.6
d. My doctor or nurse has not recommended it	6.2
e. The test is expensive	4.4
f. Other reasons	12.9
g. Reason unknown	1.3
Total	100.0%
(Number of women who never had Pap Smear)	(168)

Note: Unweighted number of cases are given in parentheses. 98 women who don't know what Pap Smear is or who were not sure of having the test were excluded from the total of 607 cases.

Table 4-4
Occasions for Having Had Clinical Breast Exam by Selected Characteristics
for Those Who Have Had Clinical Breast Exams
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	A Routine Exam	Family Planning or Maternity Exam	Physical Exam for Illness not Related to a Breast Problem	Physical Exam Related to a Breast Problem	Other/ Unknown	Total	(N)
Total	49.8	28.4	11.7	9.2	0.9	100.0	(359)
Ethnicity							
Vietnamese	41.1	35.6	10.0	11.7	1.7	100.0	(161)
Cambodian	63.3	20.3	10.9	5.5	0.0	100.0	(112)
Laotian	47.9	25.5	16.0	9.6	1.1	100.0	(86)
Current Union Status							
In union	50.7	28.0	11.1	8.9	1.3	100.0	(203)
Not in union	48.6	28.8	12.4	9.6	0.6	100.0	(156)
Age Group							
15-24	50.9	35.1	6.1	7.0	0.9	100.0	(100)
25-34	45.1	29.9	12.8	11.6	0.6	100.0	(153)
35-44	54.8	20.2	15.3	8.1	1.8	100.0	(106)
Education							
<8 years	44.1	29.3	16.6	8.7	1.3	100.0	(212)
8-11 years	50.6	30.9	7.4	11.1	0.0	100.0	(69)
12+ years	63.0	23.9	3.3	8.7	1.1	100.0	(78)
Years in the U.S.							
0-3 years	41.3	31.7	11.5	13.5	1.9	100.0	(90)
4-10 years	48.5	33.3	12.7	4.8	0.6	100.0	(151)
11-28 years	57.4	19.4	10.9	11.6	0.8	100.0	(115)
Insurance Coverage							
Uninsured	50.0	20.6	11.8	14.7	2.9	100.0	(60)
Insured	49.7	29.9	11.7	8.1	0.6	100.0	(299)

Note: Unweighted number of cases are given in parentheses.

Table 4-5
Reasons for Not Having Mammogram
by Selected Characteristics for Those Who Never Had Mammogram
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	No Symptoms	Never Heard of Mammogram	Not Recommended by Doctor/Nurse	Not Old Enough	Too Expensive	Other	Unknown	Total	(N)
Total	27.4	21.9	18.4	10.1	2.6	2.6	17.0	100.0	(550)
Ethnicity									
Vietnamese	24.5	29.1	19.6	11.1	2.7	1.9	11.1	100.0	(312)
Cambodian	33.3	15.7	14.5	8.2	1.9	5.0	21.4	100.0	(136)
Laotian	28.4	7.8	19.8	9.5	3.4	1.7	29.3	100.0	(102)
Current Union Status									
In union	29.3	20.4	23.0	4.1	2.2	2.6	18.5	100.0	(243)
Not in union	26.0	23.1	15.0	14.5	2.9	2.7	15.8	100.0	(307)
Age Group									
15-24	20.4	27.0	9.1	19.3	2.6	3.6	17.9	100.0	(222)
25-34	33.0	16.7	22.9	4.4	2.2	0.9	19.8	100.0	(208)
35-44	31.7	20.4	28.9	1.4	3.5	3.5	10.6	100.0	(120)
Education									
<8 years	29.3	20.4	25.0	3.0	1.6	2.6	18.1	100.0	(279)
8-11 years	18.8	28.7	10.5	17.1	1.1	3.3	20.4	100.0	(143)
12+ years	33.5	17.1	14.6	15.8	6.3	1.9	10.8	100.0	(128)
Years in the U.S.									
0-3 years	25.3	35.7	17.2	8.1	2.3	0.9	10.4	100.0	(179)
4-10 years	28.7	15.1	21.1	11.6	1.2	2.8	19.5	100.0	(228)
11-28 years	29.6	14.2	15.4	8.6	4.9	4.9	22.2	100.0	(135)
Insurance Coverage									
Uninsured	30.5	22.4	9.2	10.9	7.5	4.0	15.5	100.0	(137)
Insured	26.2	21.7	21.7	9.8	0.9	2.1	17.5	100.0	(413)

Note: Unweighted number of cases are given in parentheses.

Table 4-6
Frequency of Performing Self-Breast Exams and Reasons for
Not Performing Self-Breast Exams, All Women 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

1.	Have Performed Self-Breast Exams	37.7%
	Frequency:	
	a. Once a week	86.5%
	b. Less than once a week	13.5
	Sub-total	100.0%
	(Number performed)	(234)
2.	Have Never Performed Self-Breast Exams	63.3
	Reasons:	
	a. Don't know how	33.0%
	b. Never thought about it	29.9
	c. Not necessary to do it	29.2
	d. Know how to do, but forgot	2.5
	e. Other reasons	6.5
	f. Reason unknown	0.9
	Sub-total	100.0%
	(Number never performed)	(373)
3.	Total	100.0%
	(Total number of women)	(607)

Note: Unweighted number of cases are given in parentheses.

Table 4-7
Type of Infant Feeding by Year and Place of Last Birth,
Women Having Had at Least One Birth,
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	Bottle Fed	Breast Fed	Both	Total	(N)
Total	55.7	32.6	10.8	100.0	(424)
Year of Last Birth					
1972-1989	34.8	54.7	10.5	100.0	(159)
1990-1992	68.4	17.9	11.1	100.0	(112)
1993-1995	70.5	17.9	10.9	100.0	(149)
Place of Last Birth					
Outside United States	27.4	64.3	8.3	100.0	(139)
United States	71.3	15.0	12.3	100.0	(277)

Note: Unweighted number of cases are given in parentheses. Number of women in subcategories does not add up to total due to 4 and 8 missing cases, respectively.

Table 4-8
Percent Distribution of Reasons for Not Breast Feeding Infants among Women With at Least One Live Birth, Reproductive Health Survey among Indochinese Immigrants Seattle 1994-1995
(Percentage Distribution)

Physical discomfort or lack of milk flow	39.6
Had to work	18.0
Believes formula is healthier	9.8
Physical inability of infant	6.3
Unable to state reason	5.9
Believes formula is the American way	2.4
Too embarrassed to do it	2.0
Husband/partner disapproves	0.8
Believes only poor people breast-feed	0.8
Someone else takes care of the baby	0.8
Other reasons	13.8
Total	100.0
(N)	(241)

Note: Unweighted number of cases are given in parentheses.

Table 4-9
Current Smoking and Drinking* Status by Age
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-1995
(Percentage Distribution)

		Age of Respondents		
	Total	15-24	25-34	35-44
Current Smoking Status				
Does not smoke	96.3	94.7	97.9	96.7
6 or less cigarettes daily	2.3	3.2	0.8	2.8
7-20 cigarettes daily	1.4	2.1	1.2	0.6
Exposure to Smoking				
Not exposed	59.5	56.5	62.6	60.2
Passive (at home)	33.0	33.2	31.3	34.8
Passive (at work)	3.8	4.9	4.1	1.7
Active	3.7	5.3	2.1	3.3
Current Drinking Status				
Does not drink	96.2	96.5	95.1	97.2
Less than 5 drinks daily	1.4	1.4	2.1	0.6
5 or more drinks daily	2.4	2.1	2.9	2.2
Total	100.0	100.0	100.0	100.0
(N)	(607)	(230)	(224)	(153)

Note: Unweighted number of cases are given in parentheses.
*Alcoholic beverages.

Chapter 5

REPRODUCTIVE HISTORY FOR ALL WOMEN

A. PREGNANCY OUTCOME

The mean age at menarche for all women was 14.7, with a great variation ranging from 10 to 23 years of age (Table 5-1). The youngest age cohorts had the earliest and smallest range for their onset of menstruation. For example, 43.7% of 15-24 year old women reported having had their menarche at 10-13 years of age. The cohort of 25-34 year old women had the latest onset of menstruation. The mean age of menarche was 15.5; 15.6% of them had their menarche between 18-23 years of age. This might have been caused by poor nutrition due to the war during their childhoods in Indochina. This is evidenced by the fact that those who moved to the United States at younger ages had an earlier onset of menstruation. Those who moved to the States before 14 years of age had the youngest mean age of menarche (13.3).

Two-thirds of respondents have had at least one pregnancy. A considerable proportion of respondents had a high frequency of pregnancies and live births. For pregnancies, 13.4% had 5 or more and 24.3% had 4 or more (Table 5-2). For live births, 8.3% had 5 or more and 14.1% had 4 or more.

Table 5-3 shows that a high proportion of pregnancies ended in live births. For all 607 women aged 15-44, there was an average of 2.12 pregnancies and 1.74 live births. Thus, 82.0% of pregnancies ended in live birth. As expected, the proportion of pregnancies ending with live births was negatively related to age, number of pregnancies, and educational level. Eighty eight point seven percent of pregnancies to women aged 15-24 ended with live births compared with less than 83% for women aged 25-44. Ninety two point six percent of pregnancies to women with 1-2 pregnancies ended in live births compared with 73.6% for women with 5-11 pregnancies. Those who have higher educational levels seem to have lower proportions of live births.

Although women in union had more pregnancies and live births than women who were not in union, there was almost no difference in the proportion of live births. Length of stay in the United States seemed to have no relationship with the proportion of live births. Among the three ethnic groups, Vietnamese had the smallest number of both pregnancies and live births due to the young age of their sample. The Laotians had the lowest proportion of pregnancies ending in live births.

The pregnancy outcome of the last pregnancy reported is shown in Table 5-4. Eighty point eight percent of women reported that their last pregnancy ended in a live birth, 8.4% ended in an induced abortion, 8.0% by either spontaneous abortion or still births, and for 2.7% the outcome was unknown. We have no way to validate the completeness of reporting of induced abortions. Thus, the following paragraph assumes no great differentials in under reporting induced abortions by the selected characteristics shown in the table.

Among the three ethnic groups, Vietnamese had the lowest proportion of induced abortions (4.9%). Cambodians and Laotians, reported higher proportions of induced abortion (12.2% and 11.9%, respectively). Laotians also reported a very high proportion of spontaneous abortions and still births (11.9%).

The proportion of pregnancies ending in induced abortion shows no temporal trend, with the highest proportion reported for the 1990-92 period. Almost three percent of intended pregnancies resulted in an induced abortion and two-thirds of unintended pregnancies ended in a live birth. For women whose last pregnancy outcome was a live birth, 70% reported them to be intended pregnancies and 23% were unintended. Of the women who had induced abortions, as expected, the majority were unintended pregnancies (70%)(data not shown in table).

The outcomes of last pregnancies had little relation to whether they were terminated in the United States or not. Eighty two point nine percent of pregnancies in the States ended in live births, compared to 86.5% of pregnancies outside of the States. Pregnancy outcomes for women with different educational levels show no significant differences due to small numbers of women with higher levels of education.

B. INTENDEDNESS OF LAST PREGNANCY

All women who had ever been pregnant were asked whether their last pregnancy was intended or unintended. Nearly two-thirds (64.4%) responded that their last pregnancy was intended while 27.7% were reported as unintended (9.3% mistimed and 18.1% unwanted). Ambivalent answers were given by 6.5% of the respondents (Table 5-5). Answers were considered to be ambivalent when the responses to two separate questions on intendedness conflicted. For example, a woman would respond that her pregnancy was unwanted but later answered that the timing of pregnancy was right. This small group may include women who did not completely understand the questions and/or the concept of intendedness.

Women currently in union (currently married or in a consensual union) reported a higher proportion of intended pregnancies than those not in union (70% vs. 55%). As expected, women not in union had a higher proportion of unintended last pregnancies (36.4%). Ambivalent answers were given by 7% of respondents regardless of union status.

For all women , the proportion of live births reported as intended at conception (64%) was similar to the proportion reported by Non-Hispanic whites (71%) and Hispanics (67%) in the 1995 NSFG but higher than the proportion reported by Non-Hispanic Blacks (48%) (1). For all women ever pregnant, Laotian women also reported the highest proportion of unintended pregnancies (35%), followed by Vietnamese (28%), and Cambodian (21%) (Table 5-6). The proportion of unintended pregnancies was inversely related to age and number of live births, and positively related to educational levels, abortion experience, and year of last pregnancy. The positive relationship with education is due, in part, to a greater proportion of better educated women among younger women. Also, the higher proportion of unintended last pregnancies in the most recent period (94-95)is related to the fact that these pregnancies have occurred primarily to younger women with fewer live births and more education.

When we control for women currently in union, several relationships seen in Table 5-6 disappear. Specifically, number of live births, education and year of last pregnancy (Table 5-7). However, those who have had an abortion, as well as Laotian women, continue to report much higher proportions of unintended pregnancies.

Over 70% of women (72%) whose last pregnancy ended in a live birth said their pregnancy was intended (Table 5-8). On the other hand, more than one-fourth (28%) went on to have a live birth even though the pregnancy was not intended. Numbers are small but most women(82%) who had an induced abortion did not intend their pregnancy. We can only speculate that the 18% who intended their pregnancy but had an induced abortion were due to health reasons or other mitigating factors.

Table 5-1
Age at Menarche by Selected Characteristics, All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	10-13	14-15	16-17	18-23	Total	(N)	Mean Age
Total	29.7	39.7	22.5	8.1	100.0	(562)*	14.7
Ethnicity							
Vietnamese	31.5	40.7	21.4	6.3	100.0	(317)	14.5
Cambodian	26.8	32.5	24.8	15.9	100.0	(135)	15.1
Laotian	27.9	45.9	23.0	3.3	100.0	(110)	14.5
Age at Interview							
15-24	43.7	41.1	12.6	2.6	100.0	(218)	13.9
25-34	16.5	39.7	28.1	15.6	100.0	(205)	15.5
35-44	24.5	37.4	31.3	6.7	100.0	(139)	14.8
Age When Moved to U.S.							
< 14	56.3	37.4	5.2	1.1	100.0	(135)	13.3
15-24	17.0	46.8	24.9	11.3	100.0	(244)	15.2
35-44	22.4	33.3	34.3	10.0	100.0	(176)	15.1

*45 cases who did not remember were excluded from a total of 607 women.
Note: Unweighted number of cases are given in parentheses.

Table 5-2
Percent Distribution of Pregnancies and Live Births,
Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-95

	Pregnancies*		Live Births	
Number	Percent	Cumulative	Percent	Cumulative
0	32.8	100.0	35.1	100.0
1	10.2	67.2	13.4	64.9
2	18.4	57.0	20.9	51.5
3	14.3	38.6	16.5	30.6
4	10.9	24.3	5.8	14.1
5+	13.4	13.4	8.2	8.3
Total	100.0		100.0	
(N)	(607)		(607)	

*Those who were currently pregnant but not yet completed are not included.
Note: (Unweighted number of cases are given in parentheses.)

Table 5-3
Mean Number of Pregnancies and Live Births, and
Proportion of Pregnancies Ending in Live Births
by Selected Variables, Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Variables	Average Number of Pregnancies* (A)	Average Number of Live Births (B)	Proportion of Pregnancies Ending in Live Births (B/A x 100)	(N)
Total	2.12	1.74	82.0%	(607)
Age of Women at Interview				
15-24	0.53	0.47	88.7	(230)
25-34	2.58	2.07	80.2	(224)
35-44	3.99	3.29	82.5	(153)
Number of Pregnancies*				
0	0.00	0.00	00.0	(177)
1-2	1.63	1.51	92.6	(192)
3-4	3.43	2.90	84.5	(159)
5-11	6.29	4.63	73.6	(79)
Education of Women				
No schooling	3.83	3.32	86.7	(64)
1-8 years	2.94	2.44	83.0	(246)
9-11 years	1.20	0.90	75.0	(150)
12 years or more	1.21	0.96	79.3	(147)
Current Union Status				
In union	3.26	2.65	81.3	(283)
Not in union	1.22	1.01	82.7	(324)
Years in the U.S.				
<4 years	1.64	1.35	82.3	(193)
4-10 full years	2.45	1.97	80.4	(245)
11+ full years	2.32	1.94	83.6	(161)
Unknown	0.00	0.00	00.0	(8)
Ethnicity				
Vietnamese	1.64	1.35	82.3	(338)
Cambodian	2.82	2.40	85.1	(151)
Laotian	2.64	2.05	77.7	(118)

*Current pregnancies not yet completed are not included.
Note: Unweighted number of cases are given in parentheses.

Table 5-4
Pregnancy Outcome of Last Pregnancy by Selected Characteristics, Women Who Have Ever Been Pregnant
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	Live Birth	Induced Abortion	Spontaneous Abortion/ Stillbirth	Unknown	Total	(N)
Total	80.8	8.4	8.0	2.7	100.0	(440)
Ethnicity						
Vietnamese	83.5	4.9	7.4	4.1	100.0	(223)
Cambodian	81.7	12.2	6.1	0.0	100.0	(123)
Laotian	73.3	11.9	11.9	3.0	100.0	(94)
Yr. Last Pregnancy Terminated						
1972-89	90.4	5.5	4.1	0.0	100.0	(131)
1990-92	80.0	12.8	6.4	0.8	100.0	(115)
1993-95	81.8	6.6	9.9	1.7	100.0	(174)
Intendedness of Last Preganancy						
Intended	88.2	2.6	6.9	2.3	100.0	(279)
Unintended	67.7	21.5	6.9	3.8	100.0	(125)
Unknown*	66.7	10.3	20.5	2.6	100.0	(36)
Place of Last Pregnancy Terminated						
Not U.S.	82.9	8.9	7.0	1.3	100.0	(298)
Not in U.S.	86.5	6.0	7.5	-	100.0	(118)
Education of Women						
<8 years	82.2	8.3	8.9	0.7	100.0	(286)
9-11 years	76.7	11.6	3.5	8.1	100.0	(77)
12 + years	80.2	5.8	9.3	4.7	100.0	(77)

*Includes those who gave ambivalent answers.
Note: Unweighted number of cases are given in parentheses.

Table 5-5
Intendedness of Last Pregnancy by Current Union Status
All Women Who Have Ever Been Pregnant
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Intendedness of Last Pregnancy	Current Union Status		
	Total	In Union	Not in Union
Intended	64.4	70.2	54.5
Unintended	27.4	22.1	36.4
Ambivalent Answer*	6.5	6.7	6.8
Unknown	1.7	1.3	2.3
Total	100.0	100.0	100.0
(N)	(440)	(273)	(167)

*In response to two separate questions, those who said that the pregnancy was unwanted but also answered that the timing of pregnancy was right or later than wanted or did not care.

Note: Unweighted number of cases are given in parentheses.

Table 5-6
Intendedness of Last Pregnancy by Selected Variables
All Women Who Have Ever Been Pregnant
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Intendedness of Last Pregnancy				
Characteristics of Women	Intended	Unintended	Ambivalent* and Unknown	Total	(N)
Total	64.4	27.4	8.2	100.0	(440)
Ethnicity					
Vietnamese	64.2	27.6	8.2	100.0	(223)
Cambodian	70.2	21.4	8.4	100.0	(123)
Laotian	57.4	34.7	7.9	100.0	(94)
Age of Women at Interview					
15-24	50.0	40.2	9.8	100.0	(89)
25-34	65.4	28.0	6.6	100.0	(204)
35-44	70.9	19.8	9.3	100.0	(147)
Years of Schooling					
8 years or less	69.6	24.8	8.4	100.0	(286)
9 years or more	56.2	35.9	8.7	100.0	(154)
Number of Live Births					
0-1	55.0	36.0	9.0	100.0	(103)
2-3	66.0	25.3	8.7	100.0	(250)
4-9	70.7	23.2	6.1	100.0	(87)
Had an Induced Abortion?					
Never	68.9	23.2	7.8	100.0	(381)
At least once	36.4	53.0	10.6	100.0	(59)
Year of Last Pregnancy					
1972-89	76.1	22.5	1.4	100.0	(127)
90-93	61.5	29.3	9.3	100.0	(191)
94-95	58.3	32.2	9.6	100.0	(111)

*Refer to footnote of Table 5-5.
Note: Unweighted number of cases are given in parentheses.

Table 5-7
Intendedness of Last Pregnancy by Selected Variables
Currently in Union Women Who Have Ever Been Pregnant
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Intendedness of Last Pregnancy				
Characteristics of Women	Intended	Unintended	Ambivalent* and Unknown	Total	(N)
Total	70.2	22.1	7.7	100.0	(273)
Ethnicity					
Vietnamese	73.4	18.2	8.4	100.0	(137)
Cambodian	70.4	19.7	9.9	100.0	(67)
Laotian	63.5	32.4	4.1	100.0	(69)
Age of Women at Interview					
15-24	56.8	27.0	16.2	100.0	(37)
25-34	70.9	23.1	6.0	100.0	(127)
35-44	73.4	19.5	7.0	100.0	(109)
Years of Schooling					
8 years or less	75.4	20.9	6.3	100.0	(175)
9 years or more	62.9	26.6	10.6	100.0	(98)
Number of Live Births					
0-1	73.1	21.2	5.8	100.0	(46)
2-3	69.3	22.2	8.5	100.0	(166)
4-9	70.4	22.5	7.0	100.0	(61)
Had an Induced Abortion?					
Never	76.3	16.7	7.0	100.0	(237)
At least once	33.3	54.8	11.9	100.0	(36)
Year of Last Pregnancy					
1972-89	75.7	23.4	0.9	100.0	(98)
90-93	67.2	21.3	11.5	100.0	(111)
94-95	66.7	21.7	11.7	100.0	(58)

*Refer to footnote of Table 5-5.
Note: Unweighted number of cases are given in parentheses.

Table 5-8
Intendedness of Last Pregnancy by Pregnancy Outcomes
All Women Who Have Ever Been Pregnant
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Outcomes of Last Pregnancies	Intendedness of Last Pregnancy			
	Intended	Unintended*	Total	(N)
1. Live Birth	71.6	28.4	100.0	(334)
2. Still pregnant	53.5	46.5	100.0	(41)
3. Induced abortion	18.4	81.6	100.0	(32)
4. Other fetal wastage**	55.3	44.7	100.0	(33)
Total	64.4	35.6	100.0	(440)

*Includes ambivalent answers and small number of unknown.
**Spontaneous abortions and stillbirths.

Chapter 6

CONTRACEPTIVE USE

A. CURRENT USE

Contraceptive use differed greatly by union status: 36% of all women, 64% of women in union and 13% of women not in union, were currently using some method. These levels were lower than those reported in the U.S. in 1995: 64%, 76% and 52% for each group, respectively (1). However, 26.4% of sexually experienced women not in union reported that they or their partner were using a method. Female sterilization, oral pills and condoms were the most common methods used, just as in the national data. There were no reports of male sterilization (Table 6-1).

One-fifth (20%) of women in union reported surgical contraception followed by condoms (14%) and oral contraceptives (12%). Among women in union, contraceptive prevalence differed by ethnicity, age, parity, and education. Contraceptive use was highest for Laotian women (72%), followed by Vietnamese (63%), and Cambodian (59%) women (Table 6-2). Female sterilization was most common among Laotian (29%) and Vietnamese (13%), while the pill was the preferred method of Cambodian women (20%). The rate of contraceptive prevalence increased with age; 47% for women 15-24 years of age, 66% for those 25-34 and 69% for those 35-44 (Table 6-3). Pills and condoms were most common among younger women, while female sterilization was the most prevalent method among older women. One-third of older women 35-44 were using female sterilization. Contraceptive prevalence also differed among women with 0-2 live births (55%) and women with 3-9 live births (74%) (Table 6-4).

Female sterilization increased significantly as the number of live births increased, reflecting the desire to limit childbearing. As surgical contraception increased among women with 3 or more live births, there was a much lower proportion of condom use than among women with fewer children indicating a switch from spacing to limiting family size. Education levels also affected contraception. Women with lower levels (primary school or less, 67%) had a somewhat but not significantly higher rate of contraceptive use than women with higher levels (high school or more, 60%) (Table 6-5). The higher rate of contraceptive prevalence for lesser educated women reflects, in part, greater use of sterilization due to higher parity. Women with higher education did report higher rates of condom use.

B. CONDOM USE

Among sexually experienced women, 21.6% had ever used condoms and 10.0% were current condom users (Table 6-6). Vietnamese had higher rates of current condom use (13%) compared to Cambodians (8%) and Laotians (6%). Union status made little difference in ever use, but those in union had significantly higher proportions of current use (14%) than those not in union (3%) as the great majority of women not in union (84%) reported that they were not currently sexually active. Younger women had higher proportions of ever use, but age seemed to make little difference in current use. Based on education, women with lower levels reported lower proportions of both ever use and current use than women with higher levels. Years in the United States had no significant relationship to ever used and current use of condoms.

Although women with a single sexual partner had a slightly lower proportion of ever use (20%) than those who had had multiple partners (25%), they had a higher rate of current use (13% vs. 3%). The low proportion of current condom use for women with multiple partners might be attributed to the fact that most of them were not in union at the time of the survey and not currently sexually active. Women who had heard of HIV/AIDS had much higher proportions of ever (23%) and current (11%) condom use than those who had never heard of HIV/AIDS (9% and 5%, respectively).

Women who had ever used condoms were asked their reason for condom use. Seventy three percent were using or used them for contraceptive purposes, 1% for disease prevention only, and 26% for both purposes (Table 6-7). The proportion using condoms for both purposes was highest among Cambodians (51.5%) than among the other two ethnic groups, and among women not in union (52.9%) than women in union (15.5%). Most women (85%) in union used condoms for contraception only. The proportion using condoms for disease prevention as well as pregnancy prevention was negatively related to age and positively related to length of years in the United States and number of lifetime sexual partners.

C. SOURCE OF CONTRACEPTION

Hospitals, health centers, private physicians, and pharmacies were the main sources for contraception (Table 6-8). Private physicians prescribed the highest percentage of oral contraception (43%). Health centers provided the highest proportion of IUD, injection and Norplant implantation (39%), tubal sterilizations were performed mostly in hospitals (57%) and pharmacies and health centers supplied the highest proportion of condoms (31% and 29%, respectively).

Respondents were asked how they paid for their contraception. Individual questions on payment for contraception included own payments, Medicaid, government assistance, health insurance, other free services or if there was a sliding fee scale (Table 6-9). Only 16.2% of all users paid for their own contraception. The majority were paid by Medicaid (54%) or other government assistance (13%). Health insurance paid only 11%, due possibly to low rates of employment. Free services (6.4%) and sliding fee scales (2.3%) accounted for the rest.

D. NEED FOR FAMILY PLANNING SERVICES

Among sexually experienced women, the two most important reasons for not using contraception were not being sexually active (68%) and whether or not they currently desired a pregnancy (17% for all non-users, 28% for those in union, and 8% for those not in union) (Table 6-10). Most women not in union who were non-users (84%) reported that they were not sexually active. It was a bit surprising that almost half (47%) of non-users in a marital union were not sexually active. This represents 17% of all women in union some of whom were in the post partum period. Other responses by less than 4% of non-users included believing that contraception could be harmful to health, no real knowledge of use, inconvenience of contracepting and beliefs that it is morally wrong.

In this chapter, a woman is defined as "in need of family planning services" if she was: 1) fecund, 2) sexually active and 3) not currently pregnant or did not currently desire pregnancy. If a woman was in need of family planning services but not using any contraceptive method or using less effective methods, that is calendar, withdrawal and "other traditional methods", she is considered in need of more effective methods of contraception. Such a woman can be classified as being at risk of an unintended pregnancy or "unmet need of family planning services". Of all respondents, 98.9% were fecund (all virgins are assumed fecund), 43.1% of all fecund women were sexually active, and 85.7% of the fecund and sexually active were not currently pregnant or did not desire pregnancy. Thus, 36.5% of all respondents were fecund, sexually active and did not desire pregnancy and were not currently pregnant (Table 6-11). They are defined as the rate or proportion of women in need of family planning services.

Since almost all respondents were fecund, the proportion in need of family planning services is principally affected by the rate of either sexual activity or no desire to become pregnant or both. Women in union had a much higher rate in need of services (68%) than those who were not in union (12%), because women in union had higher rates of both sexual activity and not wanting a pregnancy than women not in union. Vietnamese women had a somewhat lower rate in need of services (32%) than the other two ethnic groups (38% and 48% respectively), because they have a lower rate of sexual activity.

The proportion in need of services was positively and consistently related to age of women, number of live births, annual household income, and years in the United States. Those who had health insurance also had greater need as well as women with less than 9 years of schooling. Respondents who were in need of family planning services can be divided into two groups: a) currently using a more effective contraceptive method, such as sterilization, IUD, pill, Norplant or condom, and b) currently not using any contraceptive method or using less effective methods, such as calendar, withdrawal and "other traditional methods".

The 36.5% of all women in need of services is composed of 27.4% currently using an effective method, and 9.1% not using a method or using a less effective method. This latter group is classified as unmet need (Table 6-12). The percentage with unmet need for family planning services appeared to be positively and strongly related with union status, age of women and number of live births. The percentage with unmet need for women in union was 17.5%, compared with only 2.3% for women not in union. Only 16% of women not in union were sexually active. Among women in union, 67.7% are in need of family planning services (Table 6-13). This includes 50.1% already using effective methods and 17.6% classified as having unmet need. The percentage of unmet need was more or less related to all variables presented in the table. Vietnamese had a higher percentage (22%) of unmet need than Cambodian and Laotian (9% and 11%, respectively). The older women had higher percentages of unmet need than the younger women and women with no children or only one child had higher unmet need. The lowest household income had a higher percentage (25%) than the other two higher income groups (11% and 17%, respectively) and women without health insurance had a higher percentage (22%) than women with insurance (17%). One out of five married women who arrived in the United States in the last three years had a higher level of unmet need.

Table 6-1
Current Contraceptive Use by Current Union Status
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Contraceptive Method Currently Using	All Women Aged 15-44	Union Status: In Union	Union Status: Not In Union
Currently Using a Method	35.7	64.2	13.2
Female Sterilization	11.5	20.4	4.3
Oral Pill	7.9	12.1	4.6
Condom	7.2	14.4	1.5
Injection	2.5	4.2	1.3
Norplant	1.7	2.9	0.8
IUD	0.8	1.9	0.00
Natural Family Planning	2.0	4.5	0.00
Withdrawal	1.3	2.6	0.3
Method Unknown	0.8	1.3	0.5
Not Currently Using	64.3	35.8	86.8
Total	100.0	100.0	100.0
(N)	(607)	(283)	(324)

Note: Unweighted number of cases are given in parentheses.

Table 6-2
Current Contraceptive Use by Ethnicity for Women in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Contraceptive Method Currently Using	Ethnicity of Women in Union		
	Vietnamese	Cambodian	Laotian
Currently Using a Method	63.0	58.7	72.4
Female Sterilization	19.8	13.3	28.9
Oral Pill	8.6	20.0	11.8
Condom	18.5	12.0	7.9
Injection	3.7	2.7	6.6
Norplant	1.2	5.3	3.9
IUD	0.6	1.3	5.3
Natural Family Planning	6.8	1.3	2.6
Withdrawal	3.1	2.7	1.3
Method Unknown	0.6	0.0	3.9
Not Currently Using	37.0	41.3	27.6
Total	100.0	100.0	100.0
(N)	(143)	(69)	(71)

Note: Unweighted number of cases are given in parentheses.

Table 6-3
Current Contraceptive Use by Age of Women for Women in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Contraceptive Method Currently Using	Age of Women in Union		
	15-24	25-34	35-44
Currently Using a Method	46.7	65.9	68.5
Female Sterilization	0.0	14.5	33.8
Oral Pill	13.3	18.1	5.4
Condom	15.6	15.9	12.3
Injection	8.9	5.8	0.8
Norplant	6.7	4.3	0.0
IUD	0.0	0.7	3.8
Natural Family Planning	0.0	2.9	7.7
Withdrawal	0.0	2.9	3.1
Method Unknown	2.2	0.7	1.5
Not Currently Using	53.3	34.1	31.5
Total	100.0	100.0	100.0
(N)	(43)	(130)	(110)

Note: Unweighted number of cases are given in parentheses.

Table 6-4
Current Contraceptive Use by Number of Live Births for Women in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Contraceptive Method Currently Using	Number of Live Births 0-2	3-9
Currently Using a Method	55.3	73.7
Female Sterilization	6.2	35.5
Oral Pill	12.4	11.8
Condom	18.0	10.5
Injection	5.0	2.6
Norplant	3.1	2.6
IUD	0.6	3.3
Natural Family Planning	3.7	5.3
Withdrawal	4.3	0.7
Method Unknown	1.2	1.3
Not Currently Using	44.7	26.3
Total	100.0	100.0
(N)	(147)	(136)

Note: Unweighted number of cases are given in parentheses.

Table 6-5
Current Contraceptive Use by Education for Women in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Contraceptive Method Currently Using	Education	
	Primary or Less	High School or Higher
Currently Using a Method	67.2	59.8
Female Sterilization	23.7	15.7
Oral Pill	14.5	8.7
Condom	11.3	18.9
Injection	4.8	3.1
Norplant	3.8	1.6
IUD	2.2	1.6
Natural Family Planning	3.8	5.5
Withdrawal	1.1	4.7
Method Unknown	2.2	0.0
Not Currently Using	32.8	40.2
Total	100.0	100.0
(N)	(175)	(108)

Note: Unweighted number of cases are given in parentheses.

Table 6-6
Use of Condoms by Selected Characteristics
for Sexually Experienced Women
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	Use of Condoms				
	Never Used	Ever Used	Currently Using	Total	(N)
Total	68.4	21.6	10.0	100.0	(463)
Ethnicity					
Vietnamese	61.7	25.4	12.9	100.0	(233)
Cambodian	78.0	14.0	8.0	100.0	(133)
Laotian	71.2	23.1	5.8	100.0	(97)
Current Union Status					
In union	64.9	20.8	14.4	100.0	(283)
Not in union	74.5	22.8	3.0	100.0	(180)
Age Group					
15-24	61.7	29.6	8.7	100.0	(104)
25-34	67.1	1.5	11.4	100.0	(210)
35-44	74.4	16.5	9.1	100.0	(149)
Education Level					
Less than 8 years	75.8	16.8	7.4	100.0	(290)
9-11 years	58.0	30.0	12.0	100.0	(84)
12+ years	56.0	28.0	16.0	100.0	(89)
Years in U.S.					
0-3 years	65.5	22.5	12.0	100.0	(124)
4-10 years	68.9	21.5	9.6	100.0	(197)
11+ years	70.6	20.3	9.2	100.0	(137)
Number of Lifetime Sexual Partners					
1	67.1	20.0	12.9	100.0	(311)
2-7	72.0	24.8	3.2	100.0	(118)
Unknown	68.6	25.7	5.7	100.0	(34)
Knowledge of HIV/AIDS					
Heard of HIV/AIDS	65.9	23.3	10.8	100.0	(403)
Never heard of	85.9	9.4	4.7	100.0	(60)

Note: Unweighted number of cases given in parentheses.

Table 6-7
Reason for Condom Use by Selected Characteristics
All Respondents with Sexual Experience
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	Reasons for Condom Use				
	Contraception	Disease Prevention	Both Purposes	Total	(N)
Total	72.7	1.2	26.1	100.0	(144)
Ethnicity					
Vietnamese	80.6	1.0	18.4	100.0	(88)
Cambodian	48.5	0.0	51.5	100.0	(29)
Laotian	73.3	3.3	23.3	100.0	(27)
Current Union Status					
In union	84.5	0.0	15.5	100.0	(97)
Not in union	47.1	3.9	49.0	100.0	(47)
Age Group					
15-24	40.9	2.3	56.8	100.0	(38)
25-34	76.4	1.4	22.2	100.0	(71)
35-44	97.8	0.0	2.2	100.0	(35)
Education Level					
Less than 8 years	81.3	1.3	17.3	100.0	(71)
9-11 years	54.8	0.0	45.2	100.0	(35)
12+ years	75.0	2.3	22.7	100.0	(38)
Years in U.S.					
0-3 years	81.6	0.0	18.4	100.0	(41)
4-10 years	73.8	1.5	24.6	100.0	(61)
11+ years	64.4	2.2	33.3	100.0	(41)
Number of Lifetime Sexual Partners					
1	80.9	0.0	19.1	100.0	(100)
2-7	54.3	2.9	42.9	100.0	(34)

Note: Unweighted number of cases given in parentheses.
*10 cases with unknown number of sex partners are excluded.

Table 6-8
Source of Contraception by Most Used Modern Methods
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

		Method of Contraception			
Source of Contraception	Total	Tubal Ligation	Pill	IUD/Injection or Norplant	Condom
Hospital/Clinic	27.9	56.8	16.1	27.8	5.9
Health Center	24.2	4.9	37.5	38.9	29.4
Private Doctor	22.5	9.9	42.9	22.2	23.5
Pharmacy	7.4	0.0	1.8	0.0	31.4
Partner/Friend	4.9	6.2	0.0	11.1	5.9
Other	8.2	13.6	1.8	0.0	3.9
Unknown	4.9	8.6	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
(N)	(220)*	(71)	(54)	(32)	(47)

Note: Unweighted number of cases given in parentheses.
*Includes 16 cases with other modern methods not shown.

Table 6-9
Form of Payment for Method of Contraception* Currently Used
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

Form of Payment	Yes	No	Not Sure	Unknown	Total	(N)
Own Income	16.2	67.6	0.0	16.2	100.0	(157)
Medicaid	53.8	34.1	1.2	11.0	100.0	(157)
Government Assist.	13.3	63.0	2.9	20.8	100.0	(157)
Insurance	11.0	69.4	0.6	19.1	100.0	(157)
Free service	6.4	70.5	2.3	20.8	100.0	(157)
Sliding fee scale	2.3	75.7	1.2	20.8	100.0	(157)
Other	2.3	74.6	0.6	22.5	100.0	(157)

*Oral pill, IUD, and sterilization.
Note: Unweighted number of cases given in parentheses.

Table 6-10
Reasons for Not Using Contraception by Union Status
For Sexually Experienced Women
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

Reasons for Not Using Contraception	Union Status		
	In Union	Not in Union	Total
Not sexually active	47.3	84.1	68.1
Sub-fecund	4.5	2.1	3.1
Desire pregnancy	27.7	8.3	16.7
Currently pregnant	1.8	2.0	2.0
Believes harmful to health	4.5	2.1	3.1
No knowledge about methods	3.6	0.0	1.6
Too inconvenient to use	2.7	0.0	1.2
Believes it is wrong to use	0.9	0.0	0.4
Other reasons	7.1	1.4	3.9
Total	100.0	100.0	100.0
(N)	(102)	(133)	(235)

Note: Unweighted number of cases given in parentheses.

Table 6-11
Criteria Used to Estimate Need for Family Planning Services
by Selected Variables for All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Selected Variables	Rate of Eligible Women Who Were: Fecund A		Sexually Active B		Not Desiring Pregnancy C		Rate in Need of Family Planning Svcs. D=AxBxC	
Total	98.9%	(607)	43.1%	(600)	85.7%	(281)	36.5%	(607)
Union Status								
In union	98.4	(283)	77.9	(279)	88.4	(223)	67.7	(283)
Not in union	99.2	(324)	15.6	(321)	80.5	(58)	11.7	(324)
Ethnicity								
Vietnamese	98.8	(338)	37.1	(334)	88.4	(135)	32.3	(338)
Cambodian	100.0	(151)	46.6	(151)	80.5	(73)	37.5	(151)
Laotian	97.7	(118)	56.6	(115)	86.3	(73)	47.4	(118)
Age of Women								
15-24	99.7	(230)	22.0	(229)	74.2	(56)	16.3	(230)
25-34	98.8	(224)	56.7	(221)	86.0	(133)	48.2	(224)
35-44	97.8	(153)	58.2	(150)	92.2	(92)	52.5	(153)
Number of Live Births								
0-1	99.1	(270)	21.8	(268)	67.6	(64)	14.6	(270)
2-3	98.1	(250)	64.6	(245)	89.9	(166)	57.0	(250)
4-9	100.0	(87)	59.6	(87)	96.6	(51)	57.6	(87)
Education of Women								
No schooling	100.0	(64)	52.1	(64)	81.1	(35)	42.3	(64)
1-8 years	98.5	(246)	52.9	(242)	89.2	(136)	46.4	(246)
9-11 years	97.9	(150)	33.0	(147)	77.1	(53)	24.9	(150)
12 years +	100.0	(147)	35.6	(147)	89.1	(57)	31.7	(147)
Annual Household Income								
<$10,000	98.6	(247)	39.2	(244)	80.9	(102)	31.2	(247)
$10,000-$14,999	99.4	(150)	54.0	(149)	87.5	(81)	47.0	(150)
$15,000-$24,999	97.0	(84)	53.1	(81)	94.1	(51)	48.5	(84)
>$25,000	100.0	(50)	64.9	(50)	81.1	(35)	52.6	(50)
Health Insurance?								
No	98.8	(135)	33.3	(134)	77.2	(47)	25.4	(135)
Yes	98.9	(472)	46.2	(466)	87.7	(234)	40.1	(472)
Years in the U.S.								
<4-10 years	98.3	(193)	37.6	(190)	90.9	(79)	33.6	(193)
4-10 years	98.9	(245)	44.2	(242)	83.9	(115)	36.7	(245)
11+ years	99.5	(161)	48.7	(160)	83.7	(85)	40.5	(161)

A=Rate of all women who were fecund.
B=Rate of the fecund women who were sexually active.
C=Rate of the fecund and sexually active women who were not currently pregnant or did not desire pregnancy.
D=Rate of all women who were in need of family planning services (AxBxC).
Note: Unweighted number of cases are given in parentheses on which the rates are based. The numbers of cases in all groups may not add to the total because of the exclusion of unknown cases.

Table 6-12
Estimated Unmet Need for Family Planning Services
by Selected Variables for All Women Aged 15-44
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Selected Variables	Rate in Need of FP Services: Using a Method (a)	Unmet Need (b)	Total* (a+b)	(N)
Total	27.4%	9.1%	36.5%	(607)
Current Union Status				
In union	50.1	17.6	67.7	(283)
Not in union	9.4	2.3	11.7	(324)
Ethnicity				
Vietnamese	22.8	9.5	32.3	(338)
Cambodian	28.4	9.1	37.5	(151)
Laotian	40.2	7.6	47.7	(118)
Age Group				
15-24	12.4	3.9	16.3	(230)
25-34	37.5	10.7	48.2	(224)
35-44	37.6	14.9	52.5	(153)
Number of Live Births				
0-1	8.8	5.8	14.6	(270)
2-3	45.7	11.3	57.0	(250)
4-9	43.4	14.2	57.6	(87)
Education Level				
No schooling	39.5	2.8	42.3	(64)
1-8 years	35.6	10.8	46.4	(246)
9-11 years	17.5	7.4	27.9	(150)
12+ years	21.1	10.6	31.7	(147)
Annual Household Income				
<$10,000	22.1	9.1	31.2	(247)
$10,000-$14,999	38.4	8.6	47.0	(150)
$15,000-$24,999	36.4	12.1	48.5	(84)
>$25,000	42.1	10.5	52.6	(50)
Health Insurance?				
No	16.2	8.6	25.4	(135)
Yes	30.9	9.2	40.1	(472)
Years in U.S.				
0-3 years	23.5	10.1	33.6	(193)
4-10 years	29.3	7.4	36.7	(245)
11+ years	31.1	9.4	40.5	(161)

*Refer to last column of previous table.
(a)=Currently using more effective methods, such as sterilization, IUD, pill, condom, injection, and Norplant.
(b)=Currently not using any method or using less effective methods, such as natural family planning and withdrawal.

Table 6-13
Estimated Unmet Need for Family Planning Services
by Selected Variables for Women in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Selected Variables	Rate in Need of FP Services: Using a Method (a)	Unmet Need (b)	Total* (a+b)	(N)
Total	50.1%	17.6%	67.7%	(283)
Ethnicity				
Vietnamese	44.5	21.6	66.1	(143)
Cambodian	50.7	9.1	66.7	(69)
Laotian	61.8	10.6	72.4	(71)
Age Group				
15-24	42.3	13.3	55.6	(43)
25-34	54.4	16.6	71.0	(130)
35-44	48.5	20.0	68.5	(110)
Number of Live Births				
0-1	21.2	24.3	45.5	(56)
2-3	58.5	14.8	73.3	(166)
4-9	56.4	18.3	74.7	(61)
Education Level				
8 years or less	54.8	15.6	70.4	(175)
9 years or more	43.3	20.5	63.8	(108)
Annual Household Income				
<$10,000	44.9	24.5	69.4	(89)
$10,000-$14,999	54.3	10.6	64.9	(86)
>$15,000	53.5	16.8	70.3	(93)
Health Insurance?				
No	45.0	21.7	66.7	(51)
Yes	51.4	16.6	68.0	(232)
Years in U.S.				
<4 years	45.7	21.9	67.6	(90)
4-10 years	53.0	15.4	68.4	(108)
11+ years	54.7	13.9	68.6	(81)

*Refer to last column of Table 6-11.
(a)= Currently using more effective methods, such as sterilization, IUD, pill, condom, injection, and Norplant.
(b)= Currently not using any method or using less effective methods, such as natural family planning and withdrawal.
Note: Unweighted numbers of cases are given in the parentheses on which the rates are based. The numbers of cases in all groups may not add to the total because of the exclusion of unknown cases.

Chapter 7

FUTURE PLANS: CHILDBEARING AND STERILIZATION

Among women in union, 75% of those not wanting more pregnancies were using contraception, leaving 25% not using contraception in spite of their desire not to have more children (Table 7-1). Laotian women wanting no more pregnancies reported a higher use of contraception than women in the other ethnic groups. However, the differences are not statistically significant due to the small sample sizes. Sexually experienced women who have not had surgical contraception were asked whether or not they wanted more children. Fifty eight percent did not want any more, 23% wanted more, and 19% were unable to respond with a definite answer (Table 7-2). If respondents were pregnant at the time of the interview, intentions of having more children after the current pregnancy were asked. Those who were currently in union had a higher proportion (62%) wanting more pregnancies than those who were not in union (53%). Among the different ethnic groups, Cambodian women had the highest proportion wanting no more pregnancies. The proportion of women who did not want any more pregnancies was positively related to age of women which is correlated with total number of previous live births (Table 7-2). More lower educated women did not want any more pregnancies as they tended to be higher parity women. Those who were not employed had higher proportions wanting no more pregnancies than those who were employed.

Of the sexually experienced women who wanted more children, 12% wanted only 1 more, 8% wanted two, and 4% wanted three or four more (Table 7-3). Among those women who currently had 0 or 1 child, 27% responded that they did not want any more children, 19% wanted 1 more, 21% wanted 2, and 10% wanted 3 or more. A high percentage (21%) expressed ambivalence about their future intentions. Two-thirds of women with 2 or 3 children did not want additional children and among women with 4 or more children, 85% wanted no more children, 3% said they wanted one more, and 5% responded that they wanted 2 more. Table 7-3 also shows the number of additional children wanted by number of living children for only women currently in union. In general, controlling for number of children, those who were in union had slightly higher levels of not wanting more children than all sexually experienced women, possibly because women in union were older, on the average at each parity level, than all sexually experienced women.

Sexually experienced women who wanted no more children and were not sterilized, were asked whether they were thinking about and/or planning to have sterilization. Eighteen percent responded that they were thinking about it but only 10% of them were actually planning on having it done (Table 7-4). Both categories were positively related to number of previous live births and years in the U.S. However, the other selected characteristics were statistically too small to make reliable conclusions.

The 82% of women who did not want any more children and also were not interested in sterilization were probed with four specific questions on why they were not interested in thinking about sterilization. Seventy percent indicated that they were satisfied with their current contraceptive method, 64% indicated fear of side-effects associated with sterilization. For 15%, cost of the operation was a factor, and 7% replied that they might want more children later (Table 7-5). Thus, satisfaction with their current method and fear of the operation or side effects were the predominant reasons for lack of interest in surgical contraception. Over half of those satisfied with their current method were using the condom(31%)or oral contraceptives (25%). Cost or thinking that more children would be needed at a later date were not important factors.

Table 7-1
Rate of Current Contraceptive Use by Pregnancy Intention by Selected Variables for Women Currently in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage of Women Currently Using Contraception)

	Want More Pregnancies?							
Selected Variable	No More		Want More		Unknown		Total	(N)
Total	74.5	(184)	36.0	(70)	63.3	(29)	64.2	(283)
Ethnicity								
Vietnamese	72.4	(88)	41.5	(39)	-	(16)	63.0	(143)
Cambodian	69.6	(44)	-	(18)	-	(7)	58.7	(69)
Laotian	82.5	(52)	-	(13)	-	(6)	72.4	(71)
Age of Women								
15-29	73.5	(47)	37.0	(42)	-	(14)	55.1	(103)
30-44	74.8	(137)	34.5	(28)	-	(15)	69.1	(180)
Number of Live Births								
0-2	69.7	(68)	34.9	(58)	-	(21)	55.3	(147)
3-9	77.3	(116)	-	(12)	-	(8)	73.7	(136)
Education of Women								
Primary level or lower	73.5	(122)	44.4	(36)	-	(17)	67.0	(175)
High school +	71.4	(62)	34.2	(34)	-	(12)	59.8	(108)
Employment								
Not employed	73.8	(133)	38.8	(46)	-	(20)	64.2	(199)
Employed	76.2	(51)	-	(24)	-	(9)	64.2	(84)

Note: Unweighted number of cases are given in parentheses.
-Cases less than 25.

Table 7-2
Pregnancy Intention by Selected Variables
for Sexually Experienced Fecund Women
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Want More Pregnancies?				
Selected Variable	No More	Want More	Unknown	Total	(N)
Total	58.1	23.3	18.6	100.0	(392)
Union Status					
In union	61.6	22.4	16.0	100.0	(227)
Not in union	53.3	24.4	22.2	100.0	(165)
Ethnicity					
Vietnamese	54.5	23.2	22.3	100.0	(207)
Cambodian	63.4	21.6	14.9	100.0	(118)
Laotian	59.7	26.4	13.9	100.0	(67)
Age of Women					
15-29	36.5	50.4	27.0	100.0	(104)
30-44	55.6	13.4	20.9	100.0	(189)
35-44	83.2	8.2	6.7	100.0	(99)
Education of Women					
Primary level or lower	61.3	18.6	20.1	100.0	(234)
High school +	53.8	29.7	16.5	100.0	(158)
Employment					
Not employed	61.1	20.2	18.7	100.0	(306)
Employed	48.0	32.7	18.4	100.0	(86)

*Includes those who were not sure of wanting more pregnancies.
Note: Unweighted number of cases are given in parentheses.

Table 7-3
Additional Children Wanted by Number of Living Children for
Fecund Sexually Experienced Women and Women Currently in Union
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

	Number of Living Children			
Additional Children Wanted	Total	0-1	2-3	4-9
All Sexually Experienced Women				
No more	58.1	27.0	66.7	84.9
1 more	11.9	19.0	10.8	2.7
2 more	7.7	20.6	1.3	5.5
3 or more	3.7	10.3	1.3	0.0
Not sure	16.5	21.4	16.9	6.8
Unknown	2.1	1.6	3.0	0.0
Total	100.0	100.0	100.0	100.0
(N)	(392)	(107)	(222)	(63)
Women Currently in Union				
No more	61.6	27.3	65.5	89.4
1 more	13.2	23.6	12.8	2.1
2 more	5.6	20.0	0.7	4.3
3 or more	3.6	12.7	1.4	0.0
Not sure	14.0	16.4	16.2	4.3
Unknown	0.0	0.0	3.4	0.0
Total	100.0	100.0	100.0	100.0
(N)	(227)	(46)	(142)	(39)

Note: Unweighted number of cases are given in parentheses.

Table 7-4
Proportion Thinking About or Planning to Have Sterilization by Selected Characteristics for Women Not Wanting More Children
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995

	% Thinking About Sterilization	% Planning to Have Sterilization	(N)
Total	17.6	10.8	(224)
Ethnicity			
Vietnamese	12.3	10.7	(110)
Cambodian	20.0	8.2	(76)
Laotian	27.9	16.3	(38)
Union Status			
In union	18.2	12.3	(136)
Not in union	16.7	8.3	(88)
Age of Women			
15-29	14.3	9.5	(39)
30-44	21.1	12.8	(106)
35-44	15.2	9.1	(79)
Education of Women			
Less than 8 years	16.5	9.9	(142)
9 years or more	19.4	12.3	(82)
Years in United States			
0-3 years	10.6	9.1	(57)
4-10 years	18.6	10.6	(104)
11+ years	22.9	12.9	(62)
By Number of Live Births			
0-1	0.0	0.0	(27)
2-3	18.2	11.7	(145)
4-9	25.8	14.5	(52)

Note: Unweighted number of cases given in parentheses.

Table 7-5
Reasons for Not Wanting Sterilization,
Responses to Specific Women Not Wanting Anymore Children
Reproductive Health Survey among Indochinese Immigrants
Seattle 1994-1995
(Percentage Distribution)

Probe of Reason for Not Wanting Sterilization	Response to the Probe				Total	(N)
	Yes	No	Unsure	Unknown		
Are you satisfied with current method?	69.9	13.6	13.1	3.4	100.0	(185)
Is it because you are afraid of side-effects?	63.6	18.4	14.1	3.9	100.0	(185)
Is it because operation costs too much?	15.0	62.6	18.9	3.4	100.0	(185)
Is it because you may need more children later?	7.3	72.3	17.0	3.4	100.0	(185)

Note: Unweighted number of cases are given in parentheses.

Chapter 8

YOUNG ADULTS

A. PREMARITAL SEXUAL AND REPRODUCTIVE BEHAVIORS

Among young women aged 15-24, exactly one-third (33.3%) reported having had premarital sexual experience (Table 8-1). This rate is much lower than the rate reported by Asian ethnic groups and Hawaiians in the State of Hawaii (53.8 and 71.7%, respectively), and also about half the rate reported by young adults in the U.S. as a whole (4). The cumulative proportions having had a premarital sexual experience was also lower for the Indochinese in Seattle: 8.1% by age 16, 16.8% by age 18, and 21.8% by age 20. In Hawaii, the corresponding rates for Filipino women were 19.0%, 41.7% and 61.5%, respectively. Other Asian groups had reached 28.0% by age 18, and 61.4% by age 20.

As previously indicated in Table 8-1, 33.3% of all young women had premarital sexual experience. Furthermore, among all young women, 25.7% reported having had at least one pregnancy, and 22.6% reported having had at least one live birth (Table 8-2). Thus, about 77% (25.7/33.3) of women with premarital sexual experience had at least one pregnancy. Of those, 88% (22.6/25.7) had at least one live birth. Although sample size is small, the proportion of those having had these events were much higher for women currently in union than those who were not in union, most likely because entering into a union is often the consequence of a premarital pregnancy or birth. Forty-one percent of women in union reported a premarital birth compared with 19% of women not in union. Among young adult women, this means that almost one out of four families is headed by a single mother (22.6%). The proportions reporting the events in Table 8-2 were higher for Cambodians than for the other two ethnic groups. These events were positively related to age and negatively related to educational levels. The proportion of young women reporting premarital sex increased with years in the United States. This finding has also been reported among Mexican immigrants to the United States (1).

Only 19% of young women reported that they or their partner used contraception at first intercourse (Table 8-3). The rate of contraceptive use at initial intercourse was higher if the intercourse occurred in recent years (1991-95) than earlier ones (1979-90) and women with the highest education had a substantially higher rate of contraceptive use than those with lower educational levels.

Attitudes of the young women toward premarital sexual intercourse were conservative. Almost two-thirds (63%) disapproved, 18% expressed no opinion, and only 19% approved (Table 8-4). Among the three ethnic groups, Vietnamese had a somewhat higher proportion of disapproval. Other factors such as age, educational level and whether they had sex education or not, made little difference in their attitudes. However, the longer they had been in the United States, the less they disapproved of premarital sexual behavior. Over one-third (37%) of those who have had premarital intercourse disapproved, showing a conflict between attitude and behavior. Those who believe in the man's value of premarital celibacy for their brides, disapproved more of premarital sexual behavior (67.4%) than those who did not have such a belief (50.0%).

As previously indicated, the Indochinese immigrants in the sample had low levels of education and household income. Whether the young women were currently studying or working can be indicative of their striving for upward social mobility. In Table 10-2, we also found that 22.6% of young women aged 15-24 had at least one premarital birth. Further data analysis enabled us to observe how those premarital births interacted with education and/or employment, and in turn may affect their prospective social mobility.

Table 8-5 shows the results of a multivariate analysis on the working or studying status for Indochinese women aged 15-29 as related to premarital reproductive behavior and age. The unadjusted proportion for all women working or studying was 64.3%. Of those women who did not have premarital births, 82% were working/studying compared with 23% who had at least one premarital birth. Since women with very young children would be more likely to not work or study, the difference narrowed when they were adjusted for women with or without a child under age 5. The adjusted proportions were 71% for those who did not have premarital births compared with 48% for those who have had at least one premarital birth. Thus, the differential in the adjusted proportion was considerably attenuated, although the extent of difference was still substantial and statistically significant.

Whether unadjusted or adjusted, the proportion working or studying was significantly differentiated by whether women had a child under 5 years of age or not. The age of the women at time of interview shows a difference between teenagers and 20-29 year olds. The substantial difference in the unadjusted proportion working or studying by union status disappeared after being adjusted for premarital reproductive behavior and whether the respondent had a small child or not.

B. SEX EDUCATION AND KNOWLEDGE

Slightly more than one-third (35.5%) of young women aged 15-24 reported that they had never had a sex education course (Table 8-6). Among the different ethnic groups, the Vietnamese had the highest proportion of respondents who had never had a course. The proportion of those who had never had sex education was positively related to age, but inversely related to years of schooling and years in the United States. About one-third (32.2%) had a first course before or at age 15, and 22.6% had it after age 15, with 9.9% unknown. Respondents who had 12 or more years of schooling were more likely to have had their sex education course after 15 years of age.

Respondents were also asked about specific topics included in their sex education courses (Table 8-7). In spontaneous responses to the question, the male/female reproductive system was the most frequently named topic (39.9%), followed by pregnancy and how it occurs (34.7%), sexually transmitted diseases (32.4%), modern birth control methods (28.9%), and AIDS and HIV infections (22.0%). Women's menstrual cycle was the least frequent answer (16.8%). However, when each of these topics was prompted for women who did not spontaneously respond, the two topics with the least spontaneous responses, menstrual cycle and HIV/AIDS infection, had the highest positive answers (69.8% and 68.2% respectively).

Among young women who had a sex education course in school, 25.3% indicated their mothers as an additional source of sexual information, and smaller proportions mentioned friends (13.3%), doctors/nurses (12.7%) and media (12.0%) (Table 8-8). Those who had not had a sex education course in school also mentioned their mother (38.4%), friends (12.1%), doctors/nurses (7.1%), media (7.1%), and sisters (4.0%) as important sources of sexual information.

More than half (53.7%) of young women indicated that sex education should be taught in primary school, about one third (29.3%) responded that it is not needed, and 7.0% had no opinion (Table 8-9). Among the three ethnic groups, the Vietnamese had the lowest proportion responding that sex education is needed, and had a much higher proportion having no opinion. The proportion who responded that there was no need for sex education was inversely related to age, years of schooling and years in the United States. Those who had a sex education course had a much higher proportion indicating the need for sex education than those who had not had a course.

Among those who replied sex education is needed, 16.6% indicated that sex education should be taught in grades 3-5, 45.5% indicated grades 6-8, and 37.9% indicated grades 9-12 (Table 8-10). Among the three ethnic groups, the Vietnamese had the lowest proportion indicating preference of early sex education at grade 3-5 (9.2%).

Only 13.4% of the young women correctly identified the most fertile period during the menstrual cycle (Table 8-11). Among the three ethnic groups, the Vietnamese had the lowest proportion with the correct knowledge. The knowledge of most fertile time was positively related to age, educational level, and years in the States but there were no significant differences due to small sample size. There was also no difference in knowledge among women who had a sex education course (13.9%) and those who had never had a course (14.0%).

Table 8-1
Proportion Reporting Premarital Sexual Experience and Age at 1st Premarital Intercourse for Indochinese in Seattle and Ethnic Groups in Hawaii, Young Women Aged 15-24
1992 Hawaii & 1994-95 Seattle Reproductive Health Surveys

	% Reporting Premarital Intercourse (N)	Cumulative % of Women Reporting Premarital Sexual Experience by Age of: 16 (SE)	18 (SE)	20 (SE)
City of Seattle*	33.3 (223)	8.1 (1.8)	16.8 (2.6)	21.8 (2.9)
State of Hawaii:**				
Asian	53.8 (83)	--	28.0 (5.4)	61.4 (6.1)
Filipino	59.9 (62)	19.0 (5.1)	41.7 (6.5)	61.5 (6.8)
Hawaiian/PI	71.7 (123)	26.3 (4.0)	56.7 (4.6)	80.4 (4.0)
Caucasian	85.8 (171)	24.3 (3.3)	63.6 (3.8)	93.5 (2.0)

Data source: *This survey
**1992 Hawaii Reproductive Health Survey.
Footnote: --Not shown because the standard error is greater than 30% of the rate.
(N): Unweighted number of women are given in parentheses.
(SE): Standard errors of the rates.

Table 8-2
Proportion Reporting Premarital Sexual Experience, Pregnancy, and Births by Selected Variables, Young Women Aged 15-24
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

	Percent Reporting Pemarital:			
Selected Variables	Intercourse	Pregnancy	Birth[a]	(N)[b]
Total	33.3	25.7	22.6	(223)
Union Status				
In union	59.0	43.6	41.0	(37)
Not in union	29.1	22.8	19.0	(186)
Ethnicity				
Vietnamese	26.9	24.6	20.6	(144)
Cambodian	55.7	31.2	31.2	(45)
Laotian	27.5	22.5	15.0	(34)
Age of Women				
15-19	20.3	10.8	8.8	(108)
20-24	48.4	43.0	37.5	(115)
Years of Schooling				
0-8 years	51.6	46.8	41.9	(53)
9-11 years	27.3	17.4	15.7	(94)
12 years or more	29.0	22.6	17.2	(76)
Years in the United States				
<4 years	20.8	18.8	13.9	(83)
4-10 years	37.1	33.0	30.9	(82)
11+ years	44.4	27.8	23.6	(53)

Note: Unweighted number of cases are given in parentheses.
[a]Premarital birth or resulted from premarital conception.
[b]Excludes 7 cases with unknown of timing of marriage or unknown timing of first sexual intercourse.

Table 8-3
Percentage Using Contraception at First Sexual Intercourse by Selected Variables, Women 15-24 Having Had Sexual Experience
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

Selected Variables	% Used Contraception at First Intercourse %	(N)
Total	19.1	(104)
Ethnicity		
Vietnamese	14.8	(58)
Cambodian & Laotian	24.1	(46)
Age at First Sex*		
13-19	21.7	(60)
20-24	17.2	(27)
Year of First Sex*		
1979-90	12.8	(39)
1991-95	25.4	(48)
Years of Schooling		
0-8 years	9.1	(42)
9-11 years	7.7	(33)
12 years or more	46.9	(29)
Years in the United States*		
<4 years	14.3	(33)
4-10 years	17.5	(38)
11+ years	21.6	(31)

*Cases with unknown data are excluded.
Note: Unweighted number of cases are given in parentheses.

Table 8-4
Attitudes Towards Premarital Sexual Relations by Selected Characteristics,
Young Women 15-24 Years of Age,
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Do You Agree that People Should Not Have Sex Unless They are Married?				
	Agree	Disagree	No Opinion	Total	(N)
Total	63.0	19.0	17.9	100.0	(220)*
Ethnicity					
Vietnamese	66.3	15.1	18.6	100.0	(141)
Cambodian	57.4	27.9	14.8	100.0	(45)
Laotian	57.5	22.5	20.0	100.0	(34)
Age Group					
15-19	64.9	22.3	12.8	100.0	(108)
20-24	60.8	15.2	24.0	100.0	(112)
Educational Level					
0-11 years	60.9	22.3	16.8	100.0	(143)
12 + years	67.0	12.8	20.2	100.0	(77)
Had Sex Education					
Yes	62.4	21.4	16.2	100.0	(129)
No	64.0	15.0	21.0	100.0	(91)
Years in the United States*					
<4 years	64.0	13.0	23.0	100.0	(82)
4-10 years	65.3	21.0	23.7	100.0	(80)
11+ years	55.6	26.4	18.1	100.0	(53)
Premarital Sexual Experience*					
Yes	37.2	28.2	34.6	100.0	(67)
No	74.9	12.8	12.3	100.0	(145)
Do Men Want a Virgin Bride?					
Yes	67.4	20.8	11.8	100.0	(141)
Not necessarily	50.0	13.9	36.1	100.0	(31)
No opinion	57.6	39.0	3.4	100.0	(48)

Note: Unweighted number of cases are given in parentheses.
*Women with missing data are excluded.

Table 8-5
Multi-variate Analysis for Working/Studying Status by
Premarital Reproductive Behavior, Women Aged 15-29
1994 Seattle Reproductive Health Survey

Selected Variables	Percent of Women Aged 15-29 Who were Working/Studying at Time of Interview: Unadjusted	Adjusted*	(N)
Total	64.3	64.3	(334)**
Premarital Reproductive Behavior			
No premarital birth	81.8	71.2	(222)
Had premarital birth(s)	22.9	47.9	(112)
		p value < 0.001	
Have child under 5 years of age?			
No	87.6	82.4	(198)
Yes	21.4	31.0	(136)
		p value < 0.001	
Age of Women			
15-19	89.2	78.7	(108)
20-24	51.1	57.1	(115)
25-29	45.9	54.5	(111)
		p value < 0.001	
Union Status			
In union	70.3	63.6	(245)
Not in union	45.3	66.7	(89)
		p value = 0.756	

*Premarital Reproductive Behavior was adjusted for having child under 5 years of age. Having child 5 years of age was adjusted for premarital reproductive behavior. Age of Women was adjusted for premarital reproductive behavior. Union Status was adjusted for premarital reproductive behavior and having child 5 years of age.

**17 women with missing information on premarital birth were excluded from the total of 351 cases.

Table 8-6
Young Adults Who Have Had Sex Education Course and Timing of First Course by Selected Variables, Young Women Aged 15-24
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Had Sex Education Course?					
Selected Variables	Never Had	< Age 15	16+	Unknown	Total	(N)
Total	35.3	32.2	22.6	9.9	100.0	(230)
Ethnicity						
Vietnamese	42.5	22.9	25.1	9.5	100.0	(148)
Cambodian & Laotian	23.1	48.1	18.3	10.6	100.0	(82)
Age of Women						
15-19	24.2	45.6	23.5	6.7	100.0	(109)
20-24	47.8	17.2	21.6	13.4	100.0	(121)
Years of Schooling						
0-8 years	61.8	17.6	8.8	11.8	100.0	(59)
9-11 years	31.4	40.5	14.9	13.2	100.0	(94)
12 + years	21.3	31.9	42.6	4.3	100.0	(77)
Years in the US*						
<4 years	56.6	11.3	21.7	10.4	100.0	(88)
4-10 years	32.7	35.7	24.5	7.1	100.0	(83)
11+ years	9.6	54.8	21.9	13.7	100.0	(54)

Note: Unweighted number of cases are given in parentheses.

Table 8-7
Topics Included in Sex Education Courses
for Women Who Ever Had Sex Education Course
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Topics Included	Spontaneous	Prompted			
	Yes	Yes	No	Total	(N)
Male/female reproductive system	39.9	54.3	5.8	100.0	(129)
Pregnancy and how it occurs	34.7	56.1	9.2	100.0	(129)
Sexually transmitted diseases	32.4	55.5	12.1	100.0	(129)
Women's menstrual cycle	16.8	69.8	13.4	100.0	(128)*
Modern birth control methods	28.9	50.9	20.2	100.0	(129)
AIDS and HIV infection	22.0	68.2	9.8	100.0	(129)

Note: Unweighted number of cases are given in parentheses.
*One missing case.

Table 8-8
Source of Sex Information from Places Other Then School for Young Women with and without Sex Education in School
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

Source	Additional Source for Those Who had Sex Education in School	Most Important Source for Those Who did not have Sex Education in School
Mother	25.3	38.4
Friends	13.3	12.1
Doctors/Nurses	12.7	7.1
Media Source	12.0	7.1
Sisters	1.2	4.0
Relatives	0.6	2.0
Father	0.6	0.0
Other	1.8	3.0
No source at all	32.5	25.3
Total	100.0	100.0
(N)	(123)*	(90)

Note: Unweighted number of cases are given in parentheses.
*6 missing cases.

Table 8-9
Opinion of Whether Sex Education Should be Taught in Primary School
by Selected Characteristics, Young Adults 15-24 Years of Age, Reproductive Health Survey
among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Whether Sex Education Should be Taught				
	Yes	No	No Opinion	Total	(N)
Total	53.7	29.3	7.0	100.0	(217)*
Ethnicity					
Vietnamese	44.7	31.8	23.5	100.0	(139)
Cambodian	73.8	19.7	6.6	100.0	(45)
Laotian	61.5	33.3	5.1	100.0	(33)
Age Group					
15-19	59.9	25.2	15.0	100.0	(107)
20-24	46.3	34.1	19.5	100.0	(110)
Educational Level					
0-11 years	46.0	32.4	21.6	100.0	(140)
12 + years	68.1	23.4	8.5	100.0	(77)
Years in the United States*					
<4 years	35.7	36.7	27.6	100.0	(80)
4-10 years	52.6	29.5	17.9	100.0	(80)
11+ years	77.8	19.4	2.8	100.0	(53)
Had Sex Education					
Yes	65.7	25.6	8.7	100.0	(128)
No	32.7	35.7	31.6	100.0	(89)

Note: Unweighted number of cases are given in parentheses.
*13 missing cases were excluded.

Table 8-10
Opinion of at What Grade Level Sex Education Should be Taught by Selected Characteristics
Young Adults 15-24 Years of Age,
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95
(Percentage Distribution)

	Grade Level at Which Sex Education Should First be Taught				
	3-5	6-8	9-12	Total	(N)
Total	16.6	45.5	37.9	100.0	(114)
Ethnicity					
Vietnamese	9.2	44.7	46.1	100.0	(62)
Cambodian & Laotian	24.6	46.4	29.0	100.0	(52)
Age Group					
15-19	19.3	44.3	36.4	100.0	(63)
20-24	12.3	47.4	40.4	100.0	(51)
Educational Level					
0-11 years	18.5	45.7	35.8	100.0	(62)
12 + years	14.1	45.3	40.6	100.0	(52)
Years in the United States					
0-10 years	3.5	50.6	45.9	100.0	(70)
11-24 years	32.1	41.1	26.8	100.0	(41)
Had Sex Education					
Yes	16.8	45.1	38.1	100.0	(84)
No	15.6	46.9	37.5	100.0	(29)

Note: Unweighted number of cases are given in parentheses.

Table 8-11
Proportion Who Correctly Answered Question* on
Timing of Ovulation in Relation to Their Menstrual Cycle
by Selected Characteristics, Young Adults 15-24 Years of Age,
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-95

	Percent Having Correct Answer	(N)
Total	13.4%	(230)
Ethnicity		
Vietnamese	12.3	(148)
Cambodian	14.3	(47)
Laotian	17.1	(35)
Age Group		
15-19	10.7	(109)
20-24	16.4	(121)
Educational Level		
0-11 years	11.1	(153)
12 + years	18.1	(77)
Years in the United States		
0-3 years	12.3	(88)
4-10 years	13.3	(83)
11-24 years	15.1	(54)
Had Sex Education		
Yes	13.9	(129)
No	14.0	(91)

Note: Unweighted number of cases are given in parentheses.
*Question reads: "During the monthly menstrual cycle, that is, from one period to the next, would you say the average woman is most likely to become pregnant if she has intercourse (when)..."

1. Right before her period begins.
2. During her period.
3. About a week after her period begins.
4. About 2 weeks after her period begins.
5. It makes no difference; all times are the same.
8. Don't know.

Chapter 9

HIV/AIDS AWARENESS

This study also included a short module on knowledge of HIV/AIDS transmission and prevention. Respondents were first asked if they ever heard of HIV or AIDS (Table 9-1). A high proportion of women had heard of HIV or AIDS but knowledge was not universal. About 90% of all respondents had heard of the disease. More than 95% of women with 8 and more years of education, compared to about 84% of women with less than 8 years of schooling, had such knowledge. Independent of education, Cambodian women had slightly higher knowledge but differences were not significant. The youngest women 15-24 years of age had the highest knowledge (96%), which is related to the somewhat higher knowledge seen among women not in union, not sexually experienced and zero lifetime partners. Women who were currently employed had a higher proportion with knowledge (95%) than those who were not employed (88%). Those who did not have sexual experience appeared to have a higher proportion (95%) than those who had sexual experience (88%), possibly because they were younger. Similarly, those who never had a sexual partner had a higher proportion (95%) than the other groups with sexual experience because of their younger age. The proportion of women who have ever heard of HIV/AIDS seemed to have little relation to years in the United States.

Women who have ever heard of HIV/AIDS were further asked 9 specific questions in a check list designed to elicit more information about their depth of HIV/AIDS knowledge (The 9 questions are listed at the end of the chapter). Among those who have ever heard about the disease, 10% were able to correctly answer no more than 2 questions, 31% correctly answered 3-5 questions. The remainder , 60%, correctly answered 6-9 questions (Table 9-2). Younger women and women with a higher education level had higher proportions correctly answering 6 or more questions. For example, 76% of 15-24 year old group, compared to 47% for each of the 25-34 and 35-44 year old groups, correctly answered 6 or more questions. The proportion correctly answering 6 or more questions increased from 39% with 0-7 years of schooling, to 69% with 8-11 years of schooling, to 84% of those with 12 or more years of schooling. Thus, age and education appear to be the two main factors affecting their knowledge on HIV/AIDS.

Vietnamese had a higher proportion correctly answering more questions than the other two ethnic groups, in part, because they were younger. Similarly, when comparing women not in union with those in union, those with no sexual experience with the sexually experienced, and women who never had a partner with women who have had one or more partners, the former groups had higher proportions correctly answering more questions than the latter. The former group of women were either younger and/or have higher education levels than the latter. Other variables, such as years in the U.S. and employment status, appear to be unrelated to levels of HIV/AIDS knowledge.

For nine additional questions on ways HIV/AIDS can be transmitted, the proportion of women who gave correct answers to each individual question ranged from 90% responding that sharing needles used for drugs can transmit HIV/AIDS to only 21% responding that insect bites would not transmit the disease (Table 9-3). Note that, to some questions, there were high proportions of women that either gave an incorrect answer or were unsure or did not know how to respond. For instance, 60% of women responded that a person can get the disease if bitten by an insect that has bitten someone with the AIDS virus; and 48% of women did not know if the disease can be transmitted by someone who is HIV positive but does not have clinical AIDS symptoms. Thus, there is far from perfect knowledge on how HIV is transmitted and there is misinformation on how HIV is transmitted.

Respondents who have heard of HIV/AIDS were also asked to assess their own risk for contracting HIV/AIDS using the following scale: great, some, not much, and no risk. Table 9-4 shows that 10% percent answered that they have "a great risk," 8% answered "some," 9% "not much," and 41% did not think they are at risk. Fully one-third of women (32%) did not know whether they had any risk or not. The proportion who responded that they have a great risk (from 7% of those who never have a partner to 12%/11% of women having had one or more partners) was not statistically different by number of sexual partners. Almost one-third (31%) of women having had lifetime 2-7 partners thought they had no risk at all and 31% of them did not know whether they had any risk.

In general, there was a high proportion of respondents who have ever heard of HIV/AIDS disease, but a significant proportion had only superficial knowledge as they could not identify specific probes or risky behaviors associated with the disease. Such findings indicate that an effective health education program on HIV/AIDS for this population group is needed to improve their knowledge and behaviors so that they may minimize their risks.

Questions asked to elicit more information about respondents depth of AIDS/HIV knowledge:

In which of the following ways do you think a person can get the AIDS virus?

1. Sharing needles used for drugs.
2. Sexual intercourse between a man and a woman.
3. Receiving a blood transfusion.
4. Sexual intercourse between men.
5. Shaking hands or hugging.
6. Being in he same room with a person who has the AIDS virus.
7. From someone who is HIV+ but does not have the disease.
8. Giving a blood transfusion.
9. Bitten by an insect that has bitten someone with AIDS virus.

Table 9-1
Proportion of Women Who Have Heard of HIV/AIDS
by Selected Characteristics by Education
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-1995

	Total		Years of Schooling: <8 Years		Years of Schooling: 8 Years+	
Total	89.7	(607)	83.7	(310)	95.1	(297)
Ethnicity						
Vietnamese	89.7	(338)	83.2	(143)	93.9	(195)
Cambodian	91.5	(151)	86.1	(99)	100.0	(52)
Laotian	87.1	(118)	81.3	(68)	94.7	(50)
Age Group						
15-24	95.8	(230)	91.1	(59)	97.2	(171)
25-34	86.0	(224)	83.7	(148)	90.0	(76)
35-44	85.1	(153)	79.5	(103)	95.3	(50)
Current Union Status						
In union	87.9	(283)	83.9	(175)	93.7	(108)
Not in union	91.1	(324)	83.6	(135)	95.9	(189)
Years in the U.S.						
0-3 years	90.8	(193)	82.8	(86)	96.4	(107)
4-10 years	88.2	(245)	85.3	(142)	91.7	(103)
11+ years	90.5	(161)	82.4	(78)	97.1	(83)
Employment Status						
Employed	94.9	(156)	93.3	(68)	95.8	(88)
Not employed	87.7	(451)	81.0	(242)	94.8	(209)
Sexual Experience						
Sexually experienced	87.5	(463)	82.6	(290)	95.0	(173)
Not sexually experienced	95.4	(144)	-	(20)	95.3	(124)
Number of Partners Ever Had						
None	95.4	(144)	-	(20)	95.3	(124)
1	88.0	(311)	82.9	(193)	95.7	(118)
2-7	88.0	(118)	82.1	(76)	97.9	(42)
Unknown	80.0	(34)	-	(21)	-	(13)

Note: Unweighted number of cases are given in parentheses.
-Less than 25 cases.

Table 9-2
Number of Correct Answers to HIV/AIDS Knowledge Questions
by Selected Characteristics of Women Who Have Heard of HIV/AIDS
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-1995
(Percentage Distribution)

	Number of Correct Answers				
	0-2	3-5	6-9	Total	(N)
Total	9.5	30.9	59.6	100.0	(539)
Ethnicity					
Vietnamese	8.4	25.4	66.2	100.0	(298)
Cambodian	15.5	37.9	46.6	100.0	(137)
Laotian	4.3	38.3	57.4	100.0	(104)
Age Group					
15-24	2.6	21.4	76.0	100.0	(219)
25-34	14.8	37.8	47.4	100.0	(190)
35-44	14.3	38.3	47.4	100.0	(130)
Current Union Status					
In union	13.1	36.0	50.9	100.0	(247)
Not in union	6.7	27.0	66.3	100.0	(292)
Educational Level					
<8 years	16.3	44.9	38.8	100.0	(259)
8-11 years	6.0	24.6	69.4	100.0	(144)
12+ years	1.8	14.3	83.9	100.0	(136)
Years in United States					
0-3 years	7.4	26.9	65.1	100.0	(171)
4-10 years	12.6	37.4	50.0	100.0	(215)
11+ years	7.6	27.9	64.5	100.0	(146)
Employment Status					
Employed	4.9	31.9	63.2	100.0	(147)
Not employed	11.4	30.5	58.1	100.0	(392)
Sexual Experience					
Sexually experienced	13.0	36.3	50.7	100.0	(403)
Not sexually experienced	1.1	18.1	80.9	100.0	(136)
Number of Partners Ever Had					
None	1.1	18.1	80.9	100.0	(136)
1	12.0	36.4	51.6	100.0	(273)
2-7	15.5	34.5	50.0	100.0	(103)
Unknown	14.3	42.9	42.9	100.0	(27)

Table 9-3
Responses to Questions on Knowledge of HIV/AIDS
Transmission for Respondents Who Have Heard of HIV/AIDS
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-1995
(Percentage Distribution)

	Responses to HIV/AIDS Transmission Questions				
Questions on HIV/AIDS Transmission**	Correct	Incorrect	Don't Know	Total	(N)
Sharing drug needles	90.1	0.9	9.0	100.0	(539)
Sex between a man and a woman	85.3	3.0	11.7	100.0	(539)
Receiving blood	82.2	6.2	11.7	100.0	(539)
Sex between men	73.8	3.5	22.7	100.0	(539)
Shaking hands/hugging	65.1	12.3	22.6	100.0	(539)
Being in the same room	64.0	13.6	22.4	100.0	(538)*
From someone who is HIV positive	45.1	6.8	48.1	100.0	(535)*
Giving blood	36.4	46.5	17.1	100.0	(537)*
Insect bite	20.7	59.9	19.4	100.0	(538)*

Note: Unweighted number of cases are given in parentheses.
*Missing cases were excluded from the total of 539 woman who have heard of HIV/AIDS.
**All women were actually asked the following questions:

In which of the following ways do you think a person can get the AIDS virus?

1. Sharing needles used for drugs.
2. Sexual intercourse between a man and a woman.
3. Receiving a blood transfusion.
4. Sexual intercourse between men.
5. Shaking hands or hugging.
6. Being in he same room with a person who has the AIDS virus.
7. From someone who is HIV+ but does not have the disease.
8. Giving a blood transfusion.
9. Bitten by an insect that has bitten someone with AIDS virus.

Table 9-4
Self-Perception of Risk For HIV/AIDS by Number of Lifetime Sex Partners
for Women Who Have Heard of HIV/AIDS
Reproductive Health Survey among Indochinese Immigrants
Seattle, 1994-1995
(Percentage Distribution)

		Number of Sex Partners Ever Had			
Risk Level	Total	0	1	2-7	Unknown
Great	10.0	7.1	11.7	11.2	5.7
Some	7.9	9.6	5.7	10.4	11.4
Not much	8.9	9.1	8.9	10.4	2.9
None	41.4	46.2	43.4	31.2	31.4
Don't know	31.7	27.9	30.3	36.8	48.6
Total	100.0	100.0	100.0	100.0	100.0
(N)	(539)	(136)	(273)	(103)	(27)

Note: Unweighted number of cases are given in parentheses.

Chapter 10

CONCLUSIONS AND PROGRAM RECOMMENDATIONS

As stated in Chapter 1, three agencies (ICHS, DHHS PHS Region X, and CDC/DRH) worked together from the inception of this project. There was absolute commitment, a clear vision, excellent collaboration, and a lot of enthusiasm on all levels. These factors formed a solid foundation for the RHS as well as strong impetus to move ahead with the study. The findings and recommendations presented in this report are a result of that collaboration. All worked together to collect specific data that could lead to improvement of health care delivery for Indochinese women of reproductive age.

The survey results reinforce the fact that there is considerable additional work required to improve existing knowledge of the needs of each of the immigrant groups that are included in the classification of " Southeast Asian." There are important differences in reproductive health beliefs, knowledge and practices that need individual solutions within the three Indochinese female populations that were examined (Vietnamese, Cambodian and Laotian). This survey provides additional information on several of the major DHHS initiatives related to women's health. Namely, reduction of 1) smoking among women, 2) teen pregnancy, 3) breast cancer, 4) cervical cancer, 5) HIV/AIDS, and 6) continuing commitment to ensuring access to reproductive health and family planning services.

CONCLUSIONS

The text and tables in Chapters 3 through 9 reveal discrete findings from this population based household survey of Vietnamese, Cambodian and Laotian immigrant females ages 15-44. These women are characterized by low socio-economic status; only 25% have a high school education or more, 73% are unemployed, and 40% have annual household incomes of less than $10,000.

Access to health care: Among all women, 12% had never seen a doctor. However, for women with a source of care, 51% used a private physician. This percentage declined rapidly according to years of residence in the US. One third use public clinics and this percentage increases the longer they have been in the US, replacing the use of private physicians. One of the major barriers to adequate health care for the Indochinese population is financial. Therefore, this population is heavily dependent on Medical coupons (58%), especially older women, women with children, and low income women. In addition, there is a high percentage of younger, childless, better educated, working women with no medical coverage who are not eligible for Medical coupons. Without coupons, 90% of the women with incomes under $10,000 and 91% of the immigrants in the US less than 4 years would have no insurance coverage. In fact, 48% of women without insurance stated there was a time in the last 12 months when they needed to see a doctor but couldn't afford it. In another study of Vietnamese in Atlanta, where prenatal care and family planning were among the most important health services wanted by women, bilingual health care personnel was reported as being very important (3).

Women's preventive health care: Many women in the study did not know the importance of routine women's health exams, such as pap smears, breast exams, and mammograms. 48% of respondents had experienced a Pap smear, 52% a clinical breast exam, and 8% a mammogram in the past 2 years. 40% of women who had not had a Pap smear felt they didn't need a Pap smear and 27% never thought of the Pap smear. Likewise, the proportion who conduct breast self-exam is low. Of those who do not perform self-breast exam, 33% said they did not know how, 30% said they never thought of it and 29% thought it was unnecessary. Vietnamese women and those with less time in the US had lower proportions of Pap smears and/or clinical breast exams. Factors related to breast feeding and smoking were also reported. The majority (56%) of children are bottle fed. While the overwhelming majority (96%) do not drink or smoke, 33% are exposed to passive smoke at home.

Reproductive history: Single women and Laotian women had the highest percentages of unintended last pregnancies (36.4% and 35%, respectively). However, responses indicated those 23% of all pregnancies ending in live birth were unintended, 27.7% of the women said their last pregnancy was unintended, and 70% of abortions were due to unintended pregnancies. Vietnamese women stated 28% of their pregnancies were unintended. While numbers are small, most women who had an abortion (82%) did not intend their pregnancy. Cambodian women had the highest proportion of induced abortions, the majority of which are the result of unintended pregnancy.

Contraceptive use: 25% of the women currently in union indicated that they were not using contraception despite their desire not to have more children. Where contraception was used, the Indochinese women in this survey had disproportionate responsibility for taking care of contraception. In contrast to the high proportion of women in union having female sterilization (20%), there were no reports of male sterilization.

Future plans related to childbearing and sterilization: Cambodian women had the highest proportion wanting no more pregnancies. Those wanting no more pregnancies tended to be lower income, high parity and not employed. 82% of women wanting no more children were not interested in sterilization. Of this group wanting no more children, among the top reasons given for not being interested in sterilization were a fear of side effects and being satisfied with the current method.

Young Adults-Premarital Sexual Experience: One-third of the young women (15-24 years old) reported having had premarital sexual experience. This is low compared to Asians in Hawaii and to the rate for US teens as a whole. However, although this percentage is low, this is a high risk group because only 19% reported use of contraception at first intercourse. Another important factor is that premarital sexual experience increased from 21% for those who had been in the US less than 4 years to 44% for those who had been in the US over 10 years. This phenomenon of taking on the premarital sexual behavior of the majority culture has been seen among Mexican American Women (Arizona Reproductive Health Survey, 1996).

Seventy-seven percent of respondents with pre-marital sexual experience reported at least one pregnancy and 88% of those pregnancies led to at least one birth. One out of four families (22.6%) is headed by a single women. It is important to note that two-thirds of young women said they disapproved of premarital sex. In general, attitudes were quite conservative towards premarital sex. One-third of those who had experienced premarital sex said they disapproved. It is important to note that a high proportion (20.6%) of premarital sexual intercourse resulted in premarital births. Those who had premarital births were significantly less likely to be working or studying.

Young Adults- Sex Education: Over one third (35.5%) of the 15-24 year old women had never had a sex education course and their mothers were the most frequent source of sex education. Where women had participated in a sex education course, their mother was the most frequent additional source of sex education. 53.7% felt sex education should be taught in primary school. Vietnamese had the highest proportion who had never had a sex education course, the highest disapproval of premarital sex, and the lowest proportion responding that sex education is needed. However, the Vietnamese young women also had the lowest proportion to correctly identify the most fertile period during the menstrual cycle. In the study, a low proportion of all young women (13.4%) correctly identified the most fertile period during the menstrual period. Cambodian young women had the highest percent of families headed by single mothers, a low percent (14.3%) correctly answering the question of the most fertile period during the menstrual cycle, and a larger percent disagreed that people should not have sex until they were married. Although still a very low percentage, Laotians had the highest percentage (17.1%) who knew the most fertile period during the menstrual cycle.

HIV/AIDS Awareness: An important proportion (10%) of women had never heard of HIV/AIDS and a significant proportion had only superficial knowledge of HIV/AIDS. As anticipated, the younger, higher educated, currently employed were more likely to be knowledgeable about HIV/AIDS. There were low correct responses to how HIV is transmitted and 10% said they had great risk of HIV/AIDS. Interestingly enough, knowledge was not related to years in the US, and self perception of HIV/AIDS risk was not related to number of sexual partners they have had either..

RECOMMENDATIONS RELATED TO SERVICES

Based on the results of the survey, we present the following recommendations. Most of these recommendations are educational and clinical but we have also included additional service delivery research ideas and "lessons learned" in conducting a population based household survey in the Indochinese community.

Access to health care: 1) Adequate health insurance coverage must be available to Indochinese women, including continuation of medical assistance only, because this population is heavily reliant on Medical coupons.

2) Public clinics are a major source of care for Indochinese women and must continue to receive funding from DHHS discretionary grant programs (e.g., Title X Family Planning and 329/330 Community Health Center/Migrant Health Center Programs).

3) As Washington State continues it's emphasis on managed care, there must be special consideration to the unique needs of the Indochinese immigrant female population (e.g., with built in coverage of translation services, individualized outreach and education services, transportation, and child care).

4) Results of the Reproductive Health Survey Among Indochinese immigrants should be widely disseminated free of cost by the DHHS Region X Office of Women's Health, the Title X Family Planning Program and CDC. Alternatively, funds can be provided to ICHS for this purpose.

5) Training of health professionals (e.g., nurses, nurse practitioners, health educators, physicians, and physician assistants) who are of these cultures, and linguistically and culturally competent must be a priority in Washington State in order to bridge the gap in access to health care more quickly.

Women's Preventive Health Care: Education on the importance of preventive health is needed. The health education approach must be tailored to be sensitive to each individual group's cultural beliefs. The notion of preventive health may be an unfamiliar concept in many of their native cultures. Particularly with issues of modesty, some Western cultural education for these women - along the line of assertiveness training - may also need to be developed to help women become comfortable in asking for these examinations. This is particularly important with the US health care system movement towards managed care where women will be restricted in their ability to switch providers or use multiple providers (i.e., using both a private provider and a community clinic). Because English is the first language for less than 5% of these women, all education will need to be developed with appropriate translations.

1) A service delivery improvement project should be implemented to determine the most effective method of educating Indochinese immigrant women, in general, on the importance of routine women's health examinations, such as pap smears, clinical breast exams, self-breast exams and mammograms.

2) Special culturally and linguistically appropriate educational outreach must be designed to raise the level of knowledge of the highest risk groups about the importance of Pap smears and clinical breast exams (which, based on reported information in this survey, are the Vietnamese and Indochinese women with less time in the US).

3) Further investigation needs to be done to determine whether there is significance in the report by Vietnamese women that they use private ethnic physicians more frequently and their report of having a lower proportion of Pap smears, clinical breast exams, or mammograms.

4) A high proportion of respondents reported discomfort and lack of milk flow as reasons for not continuing breast-feeding. Therefore, linguistically appropriate breast-feeding education is needed.

5) Development and promotion of innovative, culturally appropriate tobacco reduction programs for Indochinese males should be continued in order to reduce exposure to passive smoking among women.

6) Education on the special needs of the Vietnamese, Cambodian and Laotian women, as reported in this study, should be provided to health care providers who represent the spectrum of Southeast Asian ethnicities and language diversity, in addition to other personnel who serve Indochinese clients.

7) Private physicians should be approached to collaborate in disseminating sexual and reproductive health information, especially physicians who serve Vietnamese women.

Reproductive history: Education and clinical services reduce unintended pregnancies and should be part of outreach to lower the need for induced abortions.

Contraceptive use: 1) Family planning education and services to males, including education on male and female sterilization methods, need to be increased so that Indochinese males can learn to share the responsibility for contraception. This includes developing programs to support conversation between women and men about sexual and reproductive health, especially in choice of contraception for the prevention of pregnancy and sexually transmitted diseases.

2) Increased access to affordable sterilizations for the Indochinese females who wish this method must be pursued with funding agencies. In addition, educational materials should be developed concerning the benefits and risks of sterilization for those women who fear side-effects associated with surgical interventions.

3) Based on information from the survey, providers should implement special outreach to married women who are recent immigrants from Indochina to lower the rate of unmet need for contraceptive services among this group.

4) Additional studies should be conducted on the cultural beliefs and practices of Southeast Asian women that influence sexual and reproductive health practices.

5) One out of six women currently in union are at risk of an unintended pregnancy (unmet need). Community-wide, culturally acceptable information is needed to increase awareness and motivate at-risk women to use available services.

6) Service delivery programs need to design special outreach/educational services for lower income, high parity, unemployed women (a larger proportion of these women want no more pregnancies) to assure they have access to contraceptive services.

Young Adults: 1) Sex education for this varied community of women will need to be individually crafted. Perhaps, for the Vietnamese who had very conservative views on sex education and premarital sex, teaching the mothers to teach their daughters and sons will be an acceptable means of educating youth (since "mother" was listed highly as a source of education). The presentation of suitable abstinence education could also be explored with this group. Cambodian young women appeared to have a less conservative attitude towards premarital sex and sex education so that a more direct education may be designed with cultural concerns integrated into the curriculum.

2) Mainstream youth health education efforts must be tailored to the needs of the Southeast Asian immigrant community with particular attention to bilingual services and involvement of the family. (e.g., the Franklin High School Teen Clinic in Seattle hires clinical and educational staff who are linguistically and culturally similar to the Southeast Asian students being served).

HIV/AIDS Awareness: Survey results show that there is a tremendous need to increase effective, culturally appropriate HIV/AIDS education in the Indochinese community.

LESSONS LEARNED

What did we learn from the Reproductive Health Survey about conducting this type of research? In addition to the data and its implications, we gained some insights from our experience that we hope will be helpful in the planning and implementation of similar research in the future.

Design: Cost is always a concern in conducting quantitative studies representative of the population of interest. However, population-based studies are the only way to ensure results that are representative. Budget constraints limited the study to approximately 600 total respondents. After much discussion, the survey was limited to the three major ethnic groups of Indochina since a minimum of 200 respondents of each ethnic group was required for reliable estimates. To reduce field costs, the sampling frame was limited to geographic areas (census tracts) identified in the US Census with a minimum number of Indochinese.

This survey, implemented in 1994, was four years following the census of 1990 and we had to adapt to the mobility of the population within these identified census tracts. For example, we encountered several apartment buildings that had experienced a complete change of tenancy from 1990 to the time that we interviewed in 1994/95. Buildings that had housed Indochinese persons at the time of the census no longer housed any. However, change of residences in Seattle among Indochinese appears to have occurred, to a large degree, within the census tracts originally designated in the sampling frame as having high numbers of persons of Indochinese ancestry. Anticipating this, the sample was designed to include several replicates of independent samples to address the changes that may have occurred over the four-year period and ensure the representativeness of the results.

Community Involvement: Providers and community leaders are very helpful when they are knowledgeable about the project. Use of local media, newspapers, and announcements/flyers to churches, stores, clinics and other places that the Indochinese women frequent can also help gain support for the research project. Be clear on how the project can benefit the community and solicit feedback as much as possible prior to the start of interviewing.

Remuneration for Participation in the Survey: The Debate There was a great deal of discussion and lack of consensus on whether or not to pay the interviewees for their participation. Although we understood how important reciprocity is in Asian cultures, we felt that we could not risk compromising the data by offering monetary compensation to the participants. Interviewers found (with few exceptions) that the women in the study, once informed of the purpose of the study, were very willing to participate. However, interviewers often informally compensated participants by spending extra time listening to concerns that participants had about such topics as housing, food, schools, children, and jobs. In some cases, assistance was given in translating documents from English to the survey participant's language.

Interviewers: We cannot emphasize enough the importance of complete and careful interviewer training so that interviewers can react to unexpected situations in the field. Experience, knowledge, comfort with the subject matter, and ability to listen are important as many questions and issues were raised during household interviews. Because the interviewers shared the same language and culture as the interviewees, trust level appeared to be enhanced.

Survey Instrument: It was important that we used a sound instrument (in this case, the questionnaire) that had been pre-tested with the intended audience. To assure the instrument was culturally relevant and culturally sensitive, we consulted with researchers, practitioners and other individuals who shared the same characteristics as the intended sample population. We used bilingual interviewers, rather than attempting to translate the questionnaire into other languages, due to the length of the questionnaire.

We recommend that future survey instruments be designed to capture information on: 1) awareness of existing clinics, 2) utilization of these clinics by the respondents and 3) perception of the quality of services received. Asking questions on these topics would allow objective assessment of clinic performance.

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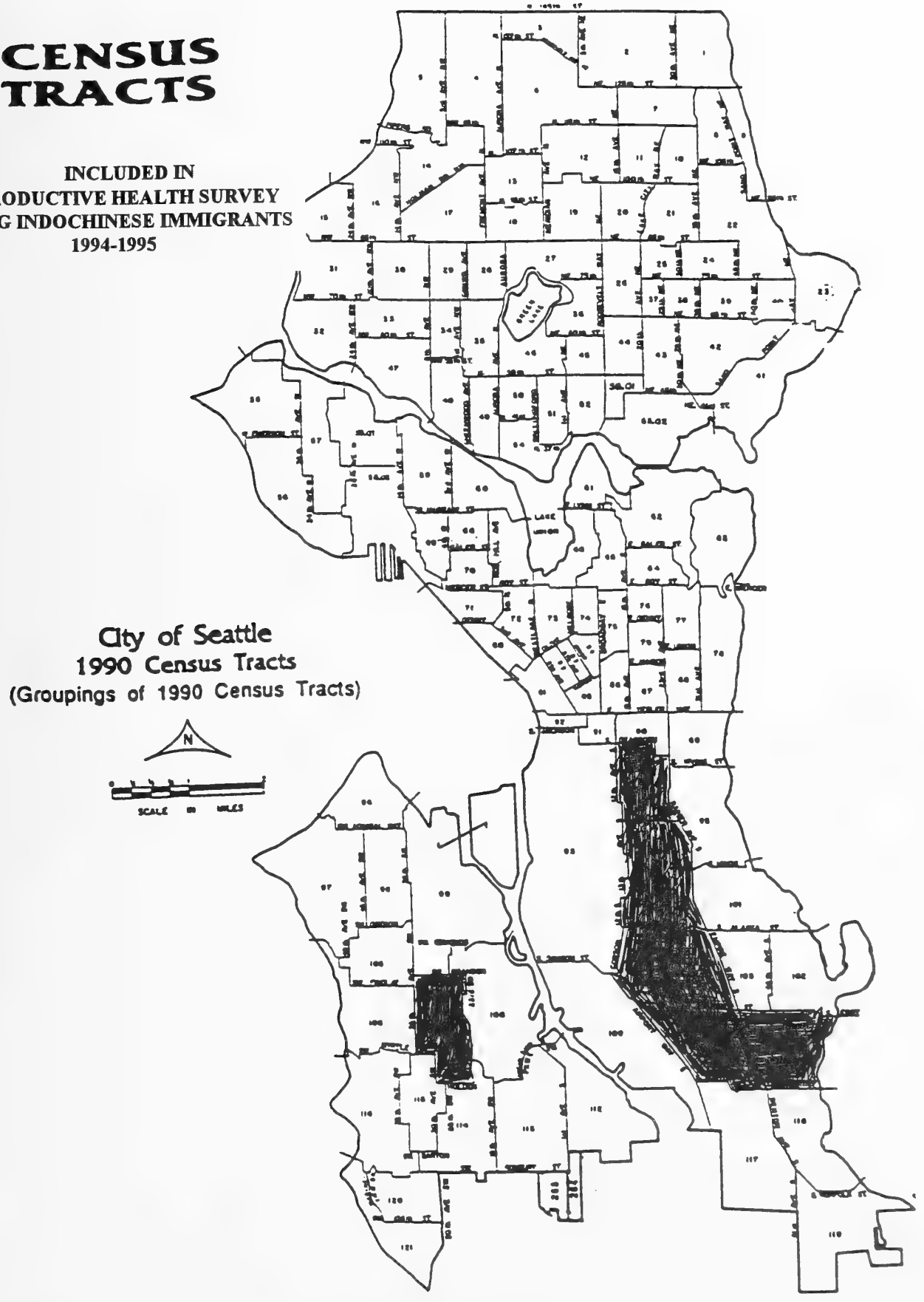
APPENDIX A

Census Tracts Included in the Reproductive Health Survey Among Indochinese Immigrants, Seattle, 1994-1995

APPENDIX A

CENSUS TRACTS

INCLUDED IN REPRODUCTIVE HEALTH SURVEY AMONG INDOCHINESE IMMIGRANTS 1994-1995



APPENDIX B

Questionnaire Forms: Household and Individual
Reproductive Health Survey Among Indochinese Immigrants
Seattle, 1994-1995

1994 SEATTLE ASIAN WOMEN'S REPRODUCTIVE HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

STREET ADDRESS INCLUDING APT. #_____

HOUSEHOLD ID NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___ / ___ ___ ___ (office use only)
(Tract) (Block) (Household) (Apt/Unit #) HHID

REFERRED TO: _____ DATE REFERRED: _____
(name of interviewer)

INTERVIEW CALLS	1	2	3	Final Visit
Month/Day				
Interview Status *				
Interviewer's Name				
Next Visit: Date				
Time:				

MV DV

ISCOD

*Interview Status Codes:

1 Completed interview: 15 - 44.
2 Partly Completed.
3 Eligible women 15 - 44 not at home.
4 Residents not at home.
5 Indo-Chinese household no women 15 - 44.
6 Non-Indo-Chinese household.
7 Household refusal.
8 Individual refusal.
9 Vacant household.
0 Other (Specify): _____

Q1. How many persons live in this household? ___ ___ NHHQ1

Q2. How many are females between 15 and 44 years of age? ___ NWQ2

IF 0, GO TO Q5; IF 1 OR MORE, ASK Q3.

Q3. Is this woman (any of these women), from Indo-China (Cambodia, Laos, or Vietnam)?

1. YES (GO TO TABLE A ON NEXT PAGE AND LIST THE FIRST NAME, AGE, AND COUNTRY OF ORIGIN OF EACH WOMAN). INDOQ3
2. NO

Q4. Is this woman (any of these women), a daughter of an immigrant from IndoChina?

1. YES (GO TO TABLE A ON NEXT PAGE AND LIST THE FIRST NAME, AGE, AND HER PARENT (S') COUNTRY OF ORIGIN IF FROM INDO-CHINA). INDOQ4
2. NO (MARK INTERVIEW STATUS CODE 6 AND THANK RESPONDENT).

Q5. Are any of the people living here from Indo-China? INDOQ5

1. YES (MARK INTERVIEW STATUS CODE 5 AND THANK RESPONDENT).
2. NO (MARK INTERVIEW STATUS CODE 6 AND THANK RESPONDENT).

TABLE A.	First Name or Initials	Age	Country of Origin: Vietnam	Laos	Cambodia	
	1. _____	__ __	1	2	3	AAGE1
	2. _____	__ __	1	2	3	AAGE2
	3. _____	__ __	1	2	3	AAGE3
	4. _____	__ __	1	2	3	AAGE4
	5. _____	__ __	1	2	3	AAGE5
	6. _____	__ __	1	2	3	AAGE6
	7. _____	__ __	1	2	3	AAGE7
	8. _____	__ __	1	2	3	AAGE8
	9. _____	__ __	1	2	3	AAGE9

NUMBER OF WOMEN LISTED ABOVE: ____ NWELG

IF ONE WOMAN IN HOUSEHOLD, RECORD 1 BELOW IN Q6: THE NUMBER OF THE WOMAN SELECTED FOR INTERVIEW AND BEGIN INDIVIDUAL QUESTIONNAIRE.

IF TWO OR MORE WOMEN IN HOUSEHOLD, RECORD AGES FROM YOUNGEST TO OLDEST BELOW, AND SELECT ONE WOMAN FROM RANDOM NUMBER TABLE ON NEXT PAGE AND RECORD HER NUMBER IN Q6.

AGES OF WOMEN IN THE HOUSEHOLD -- -- YOUNGEST TO OLDEST: AGE1 - AGE9

1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Q6. THE NUMBER OF THE WOMAN SELECTED FOR THE INTERVIEW: ____ NSINT

IF YOU ARE NOT SPEAKING TO THE SELECTED WOMAN AND SHE IS NOT AVAILABLE, MARK INTERVIEW STATUS CODE 3 AND GET HER FIRST NAME AND SCHEDULE A RETURN VISIT. ASK THE PERSON WHAT LANGUAGE WOULD BE PREFERABLE AT THE INTERVIEW:

First name or Initials of Respondent: _____

Return Date: _____ Time: _____ Phone: _____

Language Preferred:

1. English 4. Laotian 8. Other (Specify): _____
2. Cantonese 5. Cambodian
3. Vietnamese 6. Cham

Language you used in this interview:

1. English 4. Laotian 8. Other (Specify): _____
2. Cantonese 5. Cambodian
3. Vietnamese 6. Cham

Household ID Number: ___ ___ ___ (Tract) ___ ___ ___ (Block) ___ ___ ___ (Household) ___ ___ (Respondent Order)

Interviewer's Name: _____

BACKGROUND (A)

-- FOR ALL WOMEN AGED 15-44 --

Variable

Thank you for agreeing to participate in our survey. In the first section of the interview, I would like to ask you some general questions about your background.

A1. First, please tell me what was the month and year of your birth?

a. Month: ___ ___ b. Year ___ ___ MBA1 YBA1

A2. (ASK OR CONFIRM): How old were you on your last birthday?

Age: ___ ___ AGEA2

IF AGE LESS THAN 15 OR GREATER THAN 44, REFUSED OR DON'T KNOW, TERMINATE INTERVIEW AND SELECT ANOTHER WOMAN IN HOUSEHOLD, IF MORE THAN ONE IS AGED 15-44.

A3. What was the highest level of education that you completed, in years? ERDA3

11. 1 - 6 years
12. 7 - 8 years
13. 9 -11 years (high school but did not graduate)
14. 12 years (high school or high school equivalent)
21. 1 - 3 years of college
22. 4 years of college (college graduate)
23. 5 or more years of college
00. No formal education

A4. Do you have a vocational school diploma or certificate? VOCA4

1. Yes 2. No

A5. Did you receive the majority of your formal education in the United States?

1. Yes (GO TO A7) 2. No EDUSA5

A6. Are you currently or have you ever been enrolled in an English as a second language course?

1. Yes 2. No ENGA6

A7. Are you enrolled in school now?

1. Yes 2. No SCHNWA7

A8. What was the highest number of years of school completed by your mother (or the person who raised you)?

MEDA8

11. 1 - 6 years
12. 7 - 8 years
13. 9 - 11 years (high school but did not graduate)
14. 12 years (high school or high school equivalent)
21. 1 - 3 years of college
22. 4 years of college (college graduate)
23. 5 or more years of college
00. No formal education
88. Don't know

A9. Are you currently employed (i.e. did you receive pay or income for work in past two weeks?

EMPA9

1. Yes, for wages
2. Yes, self-employed (own or family business)
3. Other (SPECIFY): _____
4. No (GO TO A11)

A10. Are you working full time or part-time?

WKFPA10

1. Working full-time (35 hours or more)
2. Working part-time (20-34 hours)
3. Working part-time (1-19 hours)

(GO TO A12)

A11. What is the primary reason that you are not working at this time? Are you..... (READ OPTIONS 1 To 6. DO NOT READ OPTIONS 7 AND 8).

RNWKA11

1. Off of a regular job due to temporary illness, vacation, strike, maternity leave
2. Unemployed, or looking for work
3. Attending school or on school vacation
4. Homemaker
5. Unable to work due to permanent disability
6. Takes care of own children
7. Other (SPECIFY): _____
8. Doesn't want/like to work
10. On welfare or public assistance
0. Laid off (e.g. fired, no work available)

A12. What is your <u>current</u> marital status? Are you now.....(READ OPTIONS).

1. Never married (GO TO A14) CMSA12
2. Not married but living with a partner or boyfriend (GO TO A13)
3. Common law marriage (GO TO A13).
4 Married (GO TO A17)
5. Widowed, divorced, or separated (GO TO A16)

A13. What is your legal marital status? Are you widowed, divorced, separated or have you never been married?

1. Never married (GO TO A15) LMSA13
2. Widowed (GO TO A17)
3. Divorced (GO TO A17)
4. Separated (GO TO A17)

A14. Have you ever lived with a partner or boyfriend?

1. Yes (GO TO A15) EVBOYA14
2. No (GO TO B1)

A15. Now I would like to ask you about the first time you ever lived with a partner or boyfriend -- in what month and year did you begin to live together?

a. Month: ___ ___ MOUA15
b. Year: ___ ___ (Go to B1) YOUA15
(IF a and b not answered, Go to c)

c. How old were you? _____ Age in years AGEA15

97. Don't remember
98. Refused to answer

<u>GO TO B1</u>

A16. Are you currently living with a partner or boyfriend?

1. Yes WBOYA16
2. No

A17. Now I would like to ask you about the first time you were married -- in what month and year were you first married?

a. Month: ___ ___ MOMA17
b. Year: ___ ___ YOMA17

97. Don't remember
98. Refused to answer

ACCESS TO CARE/WOMEN'S HEALTH (B)

-- FOR ALL WOMEN AGED 15-44 --

B1. Do you have one person or place you usually go for medical care?

1. Yes MDB1
2. No (GO TO B3)

B2. What type of place is that? (DO NOT READ AND CHECK ONLY ONE)

01. Private doctor TYMDB2
02. Hospital or hospital clinic (SPECIFY): _____
03. Health department, community health center (Country Doctor, ID Health Clinic Columbia Health Clinic)
04. Drugstore or other store
05. Planned Parenthood
06. School Clinic
07. Military facility
08. Herbalist
09. Acupuncturalist
10. Other Health Clinic (SPECIFY): _____
77. Other (SPECIFY): _____

NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT MEDICAL CARE AND HEALTH INSURANCE COVERAGE.

B3. Do you (respondent) have any kind of health insurance plan?

1. Yes HNSB3
2. No, but my husband/partner has insurance (GO TO B4)
3. No ---------- (GO TO B7)
8. Don't know/Not sure (GO TO B7)

B4. Does that health insurance plan pay any part of a hospital, doctor's or surgeon's bill for you only, for your family but not you, or for both you and your family?

1. Yes, but only I am covered PLNB4
2. Yes, my entire family and I are covered
3. Yes, my child (children) and I are covered.
4. No, I am not covered, but other members of my immediate family are covered. ---------- (GO TO B7)
5. No, I am not covered and neither is my family (GO TO B7)
7. Not sure ---------- (GO TO B7)
8. Don't know ---------- (GO TO B7)

B5. What health insurance plan are you now covered by?
(Write numerical code on the right next to Code:)

1. Private/third party Code: Primary insurer: ___ INSB5A
2. HMO (e.g. Group Health) Secondary insurer: ___ INSB5B
3. Champus
4. Medicaid/Medical Coupons
5. Basic Health Plan
7. Other (SPECIFY):_____
8. Don't know/not sure

B6. When you are not sick, does your health insurance plan cover all, most, some or none of your check-ups or other preventive services?

1. All — COVERB6
2. Most
3. Some
4. None
8. Don't know/Not sure

B7. Was there a time during the last 12 months, when you needed to see a doctor but could not due to the cost?

1. Yes — COSTB7
2. No

B8. Some people schedule medical visits for routine check-ups when they are not sick. When was your last routine physical?

1. Within the past year (0 to 12 months ago) — LCKB8
2. 1 to 2 years ago (13 to 24 months)
3. 2 to 3 years ago (25 to 36 months)
4. 3 to 5 years ago (37 to 60 months)
5. More than 5 years ago (61+ months)
6. Never had a routine physical exam
8. Don't remember/not sure

B9. The next questions are about clinical breast exams. During this exam the breast is examined for lumps by a doctor, nurse, or other health care professional. Have you ever had a clinical breast exam?

1. Yes — BEXB9
2. No (GO TO B12)

B10. When did you have your last clinical breast exam? (PROMPT AS NEEDED)

1. Within the past year (0 to 12 months ago) — LBEXB10
2. 1 to 2 years ago (13 to 24 months)
3. 2 to 3 years ago (25 to 36 months)
4. 3 to 5 years ago (37 to 60 months)
5. More than 5 years ago (61+ months)

B11. Women obtain clinical breast exams for different reasons. What would you say was the main reason for your last exam? Was it part of ... (READ OPTIONS)

1. A family planning or maternity exam — RBEXB11
2. A physical exam related to a breast problem
3. A physical exam for an illness not related to breast problem, or
4. A routine exam
7. Other (SPECIFY): _____

B12. I would like to ask you a few questions about a medical exam called a mammogram. A mammogram involves pressing each breast between two plastic plates while an x-ray is taken. Have you ever had a mammogram?

1. Yes 2. No (GO TO B17) MAMB12

B13. How many times have you had a mammogram?

Times: _____ 7. 7 or more 8. Don't remember NMAMB13

B14. How long ago was your last mammogram?

1. One year or less (0-12 months) TMAMB14
2. 1-2 years (13-24 months)
3. 2-5 years (25-60 months)
4. Greater than 5 years
8. Don't remember

B15. Was your last mammogram done as part of a routine exam, or because of a breast problem?

1. Routine exam RNMAB15
2. Breast problem

B16. What made you decide to have a mammogram the last time you had one?

1. Doctor or nurse recommended it (GO TO B18) WLMAB16
2. I decided it was time to have it (GO TO B18)
3. Family or friends recommended it (GO TO B18)
7. Other (SPECIFY):_____ (GO TO B18)

B17. Women do not have a mammogram for many reasons. What is the main reason that you have never had a mammogram. (DO NOT PROMPT)

00. Don't need because I am not old enough.
11. It is too expensive, I can not afford it. RNMAB17
12. My doctor or nurse has not recommended it.
13. I'm too embarrassed to get the test.
14. I'm afraid of pain or discomfort of the test.
15. I'm afraid of the results
16. No time to go to the doctor
17. I have never heard of mammogram
18. Don't need because I have no symptoms (lumps, pain, etc.)
77. Other (SPECIFY):_____
88. Don't have reason

B18. Have you ever examined your breasts for lumps by yourself?

1. Yes 2. No, never (GO TO B20) BSEB18

B19. How often do you yourself examine your breasts for lumps?

1. Weekly or at least once per month (GO TO B21) FBSEB19
2. At least every 6 months (GO TO B21)
3. Less than once every 6 months
4. Never

B20. Why do you never/rarely examine your breasts?

00. Never thought of it.
11. Don't know how/what to look for
12. Doctor/health care provider does it RNEXB20
13. Partner/husband does it
14. Not necessary to do it
15. Afraid to do it
21. Know how but don't think of it, forget to
22. I don't need to because not old enough
77. Other (SPECIFY):_____

B21. Do you know what a pap smear is? KPAPB21

1. Yes 2. No

B22. The next questions are about pap smears, a test that takes a sample of cells from the cervix, or opening to the uterus, to detect cancer or to find cells that may develop into cancer later. Have you ever had a Pap smear?

1. Yes 2. No (GO TO B25) 8. Don't know/not sure (GO TO C1) HPAP22

B23. Women obtain Pap exams for different reasons. What would you say was the main reason for your last exam? Was it part of ... (READ OPTIONS 1-4)

1. A family planning or maternity exam RPAPB23
2. A physical exam related to a female problem
3. A physical exam for an illness not related to female problem, or
4. A routine exam
7. Other (SPECIFY):_____

B24. When did you have your last Pap smear? (PROMPT AS NEEDED)

1. Within the past year (0 to 12 months ago) TPAPB24
2. 1 to 2 years ago (13 to 24 months)
3. 2 to 3 years ago (25 to 36 months)
4. 3 to 5 years ago (37 to 60 months)
5. More than 5 years ago (61+ months)
8. Don't remember

GO TO C1

B25. Women do not receive Pap smears for different reasons. What is the main reason you have never had a Pap smear? (DO NOT PROMPT)

RNPB25

01. It is too expensive.
11. I don't need the test.
12. No time to go test.
13. My doctor or nurse has not recommended it.
21. I am afraid of the results.
22. I'm too embarrassed to get the test or a pelvic exam.
23. I am afraid of pain or discomfort of the test.
24. Never thought of it.
77. Other (SPECIFY):_____

PREGNANCY EVENTS (C)

-- FOR ALL WOMEN AGED 15-44 --

In a survey about childbearing and women' s health, we need to talk with each woman about her menstrual period and pregnancies she has had.

C1. How old were you when you had your first menstrual period?

____ ____ years old. AMSC1

77. Don't remember.
88. Has not had first menstrual period (GO TO D3)

C2. Have you ever been pregnant?

1. Yes EPRGC2
2. No IF AGEA2 = 15-24, GO TO D1 (SEX EDUCATION).
8. Not sure IF AGEA2 = 25-44, GO TO E1 (SEXUAL EXPERIENCE).

(FOR THOSE WHO HAVE EVER BEEN PREGNANT)

C3. Are you pregnant now?

1. Yes 2. No (GO TO C7) 8. Not sure (GO TO C7) CPRGC3

C4. At the time you became pregnant, did you, yourself, actually want to have a baby at some time?

1. Yes PGWTC4
2. No
8. Don't know (GO TO C6)

C5. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?

1. Sooner TIMEC5
2. Later
3. Right time
4. Didn't care

C6. Is this your first pregnancy?

0. No - CONTINUE WITH C8.
1. Yes - DO NOT ASK, CODE 01 ON C7, AND: FSTPGC6
IF AGEA2 = 15-24 (GO TO D1 - SEX EDUCATION).
IF AGEA2 = 25-44 (GO TO E1 - SEX EXPERIENCE).

C7. How many total pregnancies have you had including current pregnancy?

Total number of pregnancies: ___ ___ TPGC7

Now I'd like to ask you about each of all your pregnancies, starting with the most recent one.

Now I'd like to ask you about your pregnancies, starting with the most recent one.

Pregnancy Record (For the last five pregnancies)

	a.	b.	c.	d.	e.
	Last Pregnancy	Next to last Pregnancy	Previous Pregnancy	Previous Pregnancy	Previous Pregnancy
C8 What was the month and year the baby was born, or the pregnancy terminated? MOB8 YOB8	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)
C9 What was the outcome of that pregnancy? POUT9	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown
C10 At the time you first became pregnant, did you actually want to have a baby at some time? WANT10	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response
C11 Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time? TIME11	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care

Pregnancy Record - Continued
(For the last Six to Ten Pregnancies)

	f.	g.	h.	i.	j.
	Last (Six) Pregnancy	Last Seven Pregnancy	Last Eight Pregnancy	Last Nine Pregnancy	Last Ten Pregnancy
C12. What was the month and year the baby was born, or the pregnancy terminated? MOB12 YOB12	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)	_____ (Month) _____ (Year)
C13. What was the outcome of that pregnancy? POUT13	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown	1. Live birth 2. Elective abortion 3. Spontaneous abortion or miscarriage 4. Stillbirth 5. Ectopic (Tubal) 8. Refused 9. Not sure/unknown
C14. At the time you first became pregnant, did you actually want to have a baby at some time? WANT14	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response	1. Yes 2. No 3. Don't know 9. No response
C15. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time? TIME15	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care	1. Sooner 2. Later 3. Right time 4. Didn't care

C16. INTERVIEWER: COUNT THE NUMBER OF LIVE BIRTHS AND ENTER THE NUMBER HERE:

__ __ LIVE BIRTHS. CONFIRM THE NUMBER WITH RESPONDENT. NLBC16

IF ONE OR MORE LIVE BIRTHS, GO TO C17.
IF NO LIVE BIRTHS, GO TO C19.

C17. When the last live birth occurred, how did you feed your baby for the first three months? FEEDC17

1. Bottle-fed formula (GO TO C18).
2. Breastfed (breast or mother's milk)
3. Combination of bottle-feeding of formula and breast milk from mother.

C18. What was the main reason you bottle fed your baby with formula? (Name only one).

01. Had to work and could not breast feed baby. FORFEDC18
02. Believes formula is healthier for baby than breast milk.
03. My husband/partner disapproves of breastfeeding.
04. Believes only poor people breast feed their babies.
05. Believes in America, mothers feed their babies formula, not breastmilk.
06. Someone else was taking care of my baby at that time.
07. Too embarrassed to breastfeed in front of others.
08. Physical discomfort or physical inability of MOTHER.
09. Physical discomfort or physical inability of INFANT.
10. Unable to state reason.
77. Other (SPECIFY):_____

C19. SORT: REFER TO AGEA2: AGE OF RESPONDENT, CIRCLE 1 OR 2:

1. 15-24 (AGEA2) GO TO D1 - SEX EDUCATION. AGERC19
2. 25-44 (AGEA2) GO TO E1 - SEXUAL EXPERIENCE.

SEX EDUCATION/REPRODUCTIVE HEALTH KNOWLEDGE (D)

-- FOR WOMEN 15-24 YEARS OLD --

D1. Before you had your first period, did you ever talk with anybody about the female monthly cycle, that is, the menstrual period?

1. Yes 2. No (GO TO D5) TKMSD1

D2. Whom did you talk to about the female monthly cycle? (Circle up to 3)

01.	Mother	02.	Father	
03.	Both parents	04.	Sibling	
05.	Friend	06.	Other relative	TLMSAD2
07.	Teacher or Counselor	08.	Doctor	TLMSBD2
09.	No one			TLMSCD2
77.	Other (specify): _____			
88.	Don't remember			

(GO TO D5)

(IF R HAS NOT HAD MENSTRUAL PERIOD, C1 = 88)

D3. Did you ever talk with anybody about the female monthly cycle, that is, the menstrual period?

1. Yes 2. No (GO TO D5) TKMSD3

D4. Whom did you talk to about the female monthly cycle? (Circle up to 3)

01.	Mother	02.	Father	
03.	Both parents	04.	Sibling	
05.	Friend	06.	Other relative	TLMSAD4
07.	Teacher or Counselor	08.	Doctor	TLMSBD4
09.	No one			TLMSCD4
77.	Other (specify): _____			
88.	Don't remember			

D5. In your culture, who usually teaches young women about menstruation and pregnancy? (Circle up to three).

01.	Mother	02.	Father	CUMAD5
03.	Both parents	04.	Sibling	CUMBD5
05.	Friend	06.	Other relative	CUMCD5
07.	Teacher or Counselor	08.	Doctor	
09.	No one			
77.	Other (specify): _____			
88.	Don't remember			

D6. The next set of questions is about sex education. Have you ever had a sex education course?

1. Yes 2. No (GO TO D12) SXED6

D7. Where was the first course taught?

1. Public school PSXED7
2. Private, church or religious school
3. Community center or youth organization
4. Health/medical clinic
5. Social service agency
7. Other (SPECIFY): _____
8. Don't remember

D8. What grade were you in when you had this first course?

Grade ___ ___ 77. Not in School 88. Don't remember GRD8

D9. How old were you when you had this first course?

Age ___ ___ 88. Don't remember AFCD9

D10. Please tell me the topics that you learned from the sex education courses. What were they?

FIRST, CIRCLE THE TOPICS CLOSEST TO R'S RESPONSES WITHOUT PROMPT.
THEN, PROBE THE TOPICS NOT MENTIONED BY READING LIST FROM a to f.

	without Prompt	with Prompt Yes	with Prompt No	
a. The male and female reproductive system	1	2	3	
b. The woman's menstrual cycle or period	1	2	3	
c. Pregnancy and how it occurs	1	2	3	TSXED10 a-f.
d. Modern birth control methods such as, the pill, IUD, condom, or spermicide	1	2	3	
e. Sexually transmitted diseases that can result from sexual intercourse	1	2	3	
f. About AIDS and HIV infection	1	2	3	

D11. In addition to the sex education courses that you had, what was your most important source of information on sex education? Your mother, father, sisters/brothers, relatives, friends, health workers; media, other source, or no source at all?

01. Mother
02. Father
03. Sisters
04. Brothers
05. Relatives
06. Friends
07. Doctors/Nurses SISXED11
08. Media (Radio, TV, Newspaper, Magazine, etc.)
09. No source at all
77. Other (Specify):_____

(GO TO D13)

(IF R HASN'T HAD SEX EDUCATION AT SCHOOL, D6=2)

D12. What was your most important source of information on sex education? Your mother, father, sisters, brothers, relatives, friends, health workers, media, other source, or no source at all?

01. Mother
02. Father
03. Sisters
04. Brothers
05. Relatives
06. Friends
07. Doctors/Nurses
08. Media (Radio, TV, Newspaper, Magazine, etc.)
09. No source at all
77. Other (Specify):_____

SISXED12

D13. Do you think, at primary school, every child should be taught about human sexuality, contraception, and prevention of sexually transmitted diseases?

1. Yes 2. No (GO TO D15) 3. No opinion (GO TO D15) PSSXED13

D14. At what grade should the school start to teach a child such things?

1. Should start at: _____ Grade (GO TO D15)
8. Don't know (GO TO D14 - 3) GRSXED14

3. Should start at: _____ Age AGESXEDD14-3
8. Don't know

D15. Do you agree that people should not have sex unless they are in love?

1. Agree 2. Disagree 3. No opinion SXLVD15

D16. Do you agree that people should not have sex unless they are married?

1. Agree 2. Disagree 3. No opinion SXMRD16

D17. Do you think most men want a virgin as his wife for his first marriage?

1. Yes 2. No 3. Not necessarily 4. No opinion WTVGD17

D18. If a woman did not have any pain or blood involved at her first sexual intercourse, was she a virgin?

1. Yes 2. No 3. Very hard to tell 4. Don't know VRGND18

D19. During the monthly menstrual cycle, that is, from one period to the next, would you say the average woman is most likely to become pregnant if she has intercourse.... (READ LIST FROM 1 TO 5)

1. Right before her period begins
2. During her period
3. About a week after her period begins
4. About 2 weeks after her period begins, or
5. It makes no difference; all times are the same
8. Don't know

CYLD19

SEXUAL EXPERIENCE AND ACTIVITY (E)

-- FOR ALL WOMEN AGED 15-44 --

E1. SORT: MARITAL/COHABITTING STATUS FROM A12/A14 (DO NOT ASK)

1. NEVER MARRIED/COHABITTED (A12=1 AND A14=2) -- CONTINUE ON E2. MSE1
2. EVER MARRIED/COHABITTED (OTHERS) ----------GO TO E4.

E2. SORT: PREGNANCY STATUS FROM C2 (DO NOT ASK)

1. EVER PREGNANT (C2=1) ---------- GO TO E4. PSE2
2. NEVER PREGNANT (OTHERS) -------- CONTINUE ON E3.

E3. Women having had sexual intercourse before marriage are very common now. Have you had sexual intercourse?

1. Yes SEXE3
2. No (GO TO M1)
8. Refused (GO TO M1)

E4. When you had the first sexual intercourse, did you have any blood or pain involved?

1. Yes (CONTINUE ON E5) BPFSXE4
2. No (GO TO E6)

E5. Was your bleeding or pain mild, moderate, or severe?

1. Mild
2. Moderate
3. Severe PBFSXE5
7. Don't remember

E6. When did you have that sexual intercourse for the <u>first time</u>? -- what month and year was that?

a. Month ___ ___ MFSXE6
b. Year ___ ___ YFSXE6

97. Don't Remember
98. Refused

E7. How old were you at that time?

Age (years): ___ ___ AFSXE7

97. Don't Remember
98. Refused

E8. During the past 4 weeks -- have you had sexual intercourse, that is, since (MONTH AND DAY).

1. Yes (GO TO E10) SX4WE8
2. No
7. Don't remember
8. Refused (GO TO E12)

E9. During the past 3 months -- have you had sexual intercourse, that is, since (MONTH AND DAY).

1. Yes SX3ME9
2. No (GO TO E12)
7. Don't remember (GO TO E12)
8. Refused (GO TO E12)

E10. During the past 3 months, that is, since (MONTH AND DAY), how frequently did you have sexual intercourse? (READ OPTIONS 1 to 5)

1. Once a month or less FQSXE10
2. Two or three times a month
3. Once a week
4. Several times a week, or
5. Almost every day
8. Refused (GO TO E12)

E11. In the last 3 months, how many partners have you had sexual intercourse with?

Number of partners: __ __ PT3ME11

77. Don't Remember
88. Refused

E12. Think back during your lifetime--how many partners have you had sexual intercourse with?

Number of partners: __ __ PTLTE12

77. Don't Remember
88. Refused

SURGICAL PROCEDURES FOR STERILIZATION (F)

-- FOR ALL SEXUALLY EXPERIENCED WOMEN (E1=2 OR E3=1) --

F1. Now, I will ask you about operations that affect a woman's or a couple's ability to have children. Have you had an operation that would keep you from becoming pregnant?

1. Yes 2. No (GO TO F5) OPF1

F2. Was that an operation where both tubes were cut or tied?

1. Yes 2. No (GO TO F5) 8. Not sure (GO TO F5) TLF2

F3. In what month and year did you have your tubes cut or tied?

a. Month ___ ___ b. Year ___ ___ 88. Don't remember MTLF3 YTLF3

F4. How old were you at that time? ___ ___ 88. Don't remember ATLF4

F5. Has your partner/husband had an operation (vasectomy) that would keep you from becoming pregnant?

1. Yes POPF5
2. No (GO TO F9)
3. No current partner (GO TO F9)
8. Don't know/Not sure (GO TO F9)

F6. How old was he at that time?

___ ___ years old 88. Don't know (GO TO F8) AGEPF6

F7. How old were you at that time?

___ ___ years old AGERF7

IF RESPONDENT OR PARTNER/HUSBAND IS STERILE (F1=1 OR F5=1) ASK F8.
OTHERWISE, GO TO F9.

F8. You have just told me that you/he had an operation that keeps you from becoming pregnant. Did you/he have this surgery at least in part because you or your partner/husband did not want any (more) children?

1. Yes OPF8
2. No
8. Not sure

F9. SORT: REFER TO A2, AGE OF RESPONDENT AND CIRCLE 1 OR 2.
1. 15 - 24 (GO TO G1 - INITIAL CONTRACEPTIVE USE) AGEF9
2. 25 - 44 (GO TO H1 - CURRENT CONTRACEPTIVE USE)

INITIAL CONTRACEPTIVE USE (G)

-- FOR WOMEN AGED 15-24 (A2) WITH SEXUAL EXPERIENCE (E1=2 OR E3=1) --

TO BETTER UNDERSTAND THE FAMILY PLANNING NEEDS OF YOUNG WOMEN I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FIRST TIME YOU HAD SEXUAL INTERCOURSE. YOU HAVE JUST TOLD ME THAT YOU HAD SEX FOR THE FIRST TIME IN (MONTH AND YEAR: E6). IS THAT CORRECT? NOW PLEASE THINK BACK TO THE TIME WHEN YOU HAD INTERCOURSE FOR THE FIRST TIME.

G1. What was your relationship with the partner you first had sexual intercourse with?

1. Partner/husband — PARTG1
2. Fiance
3. Boyfriend
4. Friend
5. Forced to have sex against own wishes (GO TO G7)
6. Other (SPECIFY):_____

G2. When you had intercourse for the first time, did you expect to have sex or was it unexpected?

1. Expected to have sex — SEXPG2
2. Sex was unexpected
3. Not sure

G3. At that time did you want to get pregnant?

1. Yes — WPG3
2. No
3. Not sure

G4. The first time you had sexual intercourse, did you or your partner use any contraception to keep you from becoming pregnant?

1. Yes
2. No (GO TO G6) — FPFIG4

G5. What method was that?

01.	Oral contraceptives, pill	METHG5
02.	Injections, Depo-Provera	
03.	Norplant (implant)	
11.	IUD, coil, loop	
21.	Condom (rubber)	
22.	Diaphragm (disk) with or without jelly or cream	
23.	Cervical cap	
32.	Foam, jelly, cream (spermicide)	
33.	Suppository or insert (vaginal tablet-encore oval)	
34.	Today (sponge)	
41.	Rhythm or safe period by calendar	
42.	Natural family planning--safe period by temperature or cervical mucus test (Billings)	
51.	Female sterilization	CONFIRM WITH F1 , GO TO H1 AND CODE WITH 1.
52.	Vasectomy	CONFIRM WITH F5, GO TO H1 AND CODE WITH 1.
61.	Withdrawal, pulling out	
77.	Other (SPECIFY):_____	

GO TO H1 - CURRENT CONTRACEPTIVE USE

G6. Please tell me the main reason why you and your partner did not use a contraceptive method this first time you had intercourse together. (DO NOT READ THE CHOICES)

01.	Sex was not expected	NOFPG6
02.	I wanted to get pregnant	
03.	I believe it's wrong to use contraception	
04.	I believe that contraceptives are dangerous for your health	
05.	I had not seen doctor or nurse to obtain method	
06.	Sex is less enjoyable if a method is used\\	
07.	I did not know of a method	
08.	I did not know where to get a method	
09.	I didn't think I could get pregnant the first time	
10.	Unable to state reason	
77.	Other (SPECIFY):_____	

G7. Have you ever used contraception or a family planning method to keep you from getting pregnant? This also includes any partner, previous or current, who used a male method such as condoms, withdrawal, or vasectomy to keep you from getting pregnant.

1. Yes EUSEG7
2. No (GO TO H7)
3. Never had sex again after first time (GO TO K1)

G8. In what month and year was the first time you had intercourse using a contraceptive method?

a. Month: ___ ___ b. Year: ___ ___ 88. Don't Remember MOFPG8 YOFPG8

c. Your age _____ (in years) AOFPG8

G9. What method was that?

01. Oral contraceptives, pill METHG9
02. Injections, Depo-Provera
03. Norplant (implant)
11. IUD, coil, loop
21. Condom (rubber)
22. Diaphragm (disk) with or without jelly or cream
23. Cervical cap
32. Foam, jelly, cream (spermicide)
35. Suppository or insert (vaginal tablet-encore oval)
33. Today (sponge)
41. Rhythm or safe period by calendar
42. Natural family planning--safe period by temperature or cervical mucus test (Billings)
51. Female sterilization — CONFIRM WITH F1, GO TO H1 AND CODE WITH 1.
52. Male sterilization (Vasectomy) — CONFIRM WITH F5, GO TO H1 AND CODE WITH 1.
61. Withdrawal, pulling out
77. Other (SPECIFY):

CURRENT CONTRACEPTIVE USE (H)

-- FOR ALL SEXUALLY EXPERIENCED WOMEN (E1=2 or E3=1) --

H1. SORT: R OR PARTNER WAS STERILIZED FROM F1 OR F5. STERH1
1. STERILIZED (F1 = 1 OR F5 = 1) --- GO TO H4 AND CODE WITH EITHER 05 OR 06.
2. NOT STERILIZED (OTHERS) --- GO TO H2.

H2. SORT: SEXUALLY ACTIVE IN PAST 3 MONTHS FROM E8 OR E9.
1. YES (E8 = 1 OR E9 = 1) --- CONTINUE ON H3. SEX3MH2
2. NO (OTHERS) ---------- GO TO H10.

H3. 'Are you or your partner currently using any contraception to keep you from getting pregnant?

1. YES CUSEH3
2. NO (GO TO H7)
3. Already pregnant (GO TO H10)

H4. What is your or your partner's primary contraceptive method now?

IF EITHER RESPONDENT OR PARTNER WAS STERILIZED, CODE: "FEMALE STERILIZATION (05) OR VASECTOMY (06)."

01. Oral contraceptives, pill METH4
02. IUD, coil, loop
03. Injections, Depo-Provera
04. Diaphragm (disk) with or without jelly or cream
05. Female sterilization
06. Vasectomy (Male sterilization)
07. Cervical cap
08. Norplant
11. Condom, rubber ---------- (GO TO H6)
12. Foam, jelly, cream ---------- (GO TO H6)
13. Today (sponge) ---------- (GO TO H6)
14. Rhythm or safe period by calendar (GO TO H6)
15. Natural family planning--safe period by temperature of cervical mucous test (GO TO H6)
16. Suppository or insert ---------- (GO TO H6)
77. Other (SPECIFY) _____ (GO TO H6)
88. Withdrawal, pulling out ---------- (GO TO H10)

H5. Medical bills for contraceptive methods can be paid for in different ways. Please tell me in which ways did you pay for your (NAME METHOD FROM H4)? For each option indicate yes, no or not sure.

READ DOWN:	Yes	No	Not Sure	
a. Your or your partner's income	1	2	3	PAYAH5
b. Insurance which you carry or is carried for you	1	2	3	PAYBH5
c. No charge--paid by Medicaid	1	2	3	PAYCH5
d. Government assistance other than Medicaid	1	2	3	PAYDH5
e. Sliding fee scale at the clinic	1	2	3	PAYEH5
f. No charge--paid by clinic or program	1	2	3	PAYFH5
g. Did you pay some other way? (SPECIFY) _____	1	2	3	PAYGH5

H6. From what place or person did you obtain your method? (Name only one). (NAME METHOD FROM H4)

PMTH6

01. Private doctor
02. Hospital or hospital clinic (SPECIFY):_____
03. Health department, community health center (SPECIFY):_____
04. Drugstore or other store
05. Husband/partner/boyfriend
06. Girlfriend
07. Parents
08. Military facility
09. Planned Parenthood
10. HMO (e.g. Group Health)
11. School clinic
66. Don't know from where my partner obtain it
77. Other (SPECIFY):_____

GO TO H9.

H7. Is the reason you or your partner are not using contraception now, because you, yourself, want to become pregnant as soon as possible?

WTPH7

1. Yes (GO TO H10)
2. No

H8. Couples do not use contraception or family planning methods for a variety of reasons. What is the main reason that you or your partner are not using a method to keep you from getting pregnant?

RNUH8

01. Not sexually active
02. Partner objects
03. Believes it's wrong to use contraception
04. Believes it's dangerous for health reasons
05. No knowledge about methods
06. No knowledge on where to get contraception
07. Sex isn't fun with contraception
09. Too inconvenient to use
08. Impossible for R (or partner) to have children (physically)
11. Unable to become pregnant for 1 year without contraception
12. Pregnancy would be okay
13. Postpartum/nursing
14. Currently Pregnant
15. Reached Menopause
77. Other (SPECIFY) : _____

H9. SORT: IS R CURRENTLY USING CONDOM?
1. YES (H4 = 11) ---------- GO TO H11.
2. NO (H4 OTHER THAN 11) CONTINUE ON H10.

CCONDH9

H10. Have you and any partner in your lifetime ever used condoms? (FOR 15-24, STATE: You may have already told me this).

ECONH10

1. Yes
2. No (GO TO K1)
8. Don't remember (GO TO K1)

H11. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you used condoms with a partner only for birth control, only to prevent diseases, or have you used them for both reasons?

CONDH11

1. Birth control only
2. Disease prevention only
3. Both

H12. Did you use a condom with your partner the last time you had sexual intercourse?

UCONH12

1. Yes
2. No
8. Don't remember

FUTURE PLANS: CHILDBEARING/STERILIZATION (K)

-- FOR ALL SEXUALLY EXPERIENCED WOMEN (E1=2 OR E3=1) --

K1. SORT: CURRENT STATUS (CIRCLE STATUS)
1. R OR PARTNER WAS STERILIZED (H1 = 1) GO TO M1. CSTK1
2. R DESIRES PREGNANCY ---------- (H7 = 1) GO TO K4.
3. R CURRENTLY PREGNANT ------- (C3 = 1) GO TO K3.
4. ALL OTHERS ---------- CONTINUE ON K2.

K2. Looking to the future, do both you (and your husband/partner) intend to have one or more children ?

1. Yes (Go to K4)
2. No (GO TO K6)
3. Respondent and husband/partner disagree (GO TO K6)
8. Don't know/not sure (GO TO K6)

K3. Looking to the future, do you (and your husband/partner) intend to have another baby after this pregnancy?

1. Yes (CONTINUE ON K4) PINTDK3
2. No (GO TO K5)
3. Respondent and husband/partner disagree (GO TO K5)
8. Don't know/not sure (GO TO K5)

K4. Not counting the baby/ies you already had, how many (more) do you (and your husband/partner) intend to have?

No.___ ___ WANTK4

55. Not sure
66. As many as possible
77. Range (SPECIFY):_____

GO TO M1

K5. If you did get pregnant in the future, do you think you would keep the baby, give the baby for legal adoption, have someone else in your family raise the child, or have an elective abortion?

1. Keep the baby — OUTCK5
2. Give the baby for legal adoption
3. Have someone else in family raise the child
4. Have someone else (not a blood relative) raise the child
5. Have an elective abortion
8. Don't know

K6. Have you (and your partner/husband) thought about (either one of you) having an operation to be sure you do not get pregnant?

1. Yes — PTOPK6
2. No (GO TO K8)
3. Not sure (GO TO K8)

K7. Do you (or your partner/husband) plan to have an operation to be sure you do not get pregnant (again)? If yes, who will have the operation?

1. No — HPLANK7
2. Yes-respondent (GO TO M1)
3. Yes-partner/husband (GO TO M1)
4. Yes-but don't know which partner (GO TO M1)
5. Not sure (GO TO M1)

K8. What are the main reasons why you, yourself do not plan to have an operation to be sure you do not get pregnant? For each reason, please indicate yes, no, or not sure.

READ DOWN EACH ITEM BELOW:

	Yes	No	Not Sure	
a. Are you satisfied with current contraceptive use?	1	2	3	USEK8
b. Does the operation cost too much?	1	2	3	COSTK8
c. Are you unsure whether or not to have more children?	1	2	3	MOREK8
d. Are you (is he) afraid of any side effects from the operation?	1	2	3	FEARK8

DEMOGRAPHIC DATA (M)

-- FOR ALL WOMEN AGED 15-44 --

Now, I would like to ask you some questions about your background.

M1. In what country were you, your mother and father born? (Write in numerical code below)

		You RMB1	Mother MBM1	Father FBM1
01.	Cambodia	_____	_____	_____
02.	China	_____	_____	_____
03.	Hong Kong	_____	_____	_____
04.	Laos	_____	_____	_____
05.	Taiwan	_____	_____	_____
06.	Thailand	_____	_____	_____
07.	USA	_____	_____	_____
08.	Vietnam	_____	_____	_____
77.	Other	_____	_____	_____
	(Specify): _____			
88.	Unknown	_____	_____	_____

(IF RESPONDENT WAS NOT BORN IN THE US)

M2. How old were you when you came to live in the United States?

Answer: __ __ Years of age. (Write 00 if less than 1 year) AGEUSM2

M3. As a child, did you grow up in an area that was urban (city), suburb, or rural (country or village)?

1. Urban 2. Suburban 3. Rural URM3

M4. How many people in total are there usually living in your household, including yourself and those who are away right now?

Number of people: ____ ____ HHNM4

M5. Now, I am going to read you a list of some ethnic groups in Seattle. Do you think of yourself as...(READ OPTIONS)

RACEM5

11. Ethnic Chinese
22. Vietnamese
23. Cambodian/Khmer
24. Laotian
25. Cham
26. Hmong
27. Mien
30. Thai
77. Bi-racial/Multi-racial (SPECIFY): _____
88. Other ethnic group (SPECIFY): _____

M6. What is the ethnic ancestry of your husband/ partner, mother, and father?

		Husband/ Partner HPETHM6	Mother METHM6	Father FETHM6
11.	Ethnic Chinese	____	____	____
22.	Vietnamese	____	____	____
33.	Cambodian/Khmer	____	____	____
44.	Laotian	____	____	____
45.	Cham	____	____	____
46.	Hmong	____	____	____
47.	Mien	____	____	____
50.	Thai	____	____	____
60.	Other Asian ethnic group (SPECIFY):	____	____	____
		_____	_____	_____
61.	African-American	____	____	____
62.	Hispanic	____	____	____
63.	Caucasian	____	____	____
64.	Native American/Indian	____	____	____
77.	Bi-racial/Multi-racial (SPECIFY):	____	____	____
		_____	_____	_____
78.	Other ethnic group (SPECIFY):	____	____	____
		_____	_____	_____
88.	Unknown	____	____	____
99.	Not applicable	____		

M7. What language do you speak most often at home?

LGNM7

10. Cambodian
11. Cham
20. Laotian
21. Hmong
22. Mien
30. Cantonese
31. Mandarin
32. Taiwanese/Fukkien
33. Toisanese
40. Thai
50. Vietnamese
60. English
80. Other (Specify): _____

M8. Are you in the military or a dependent of a person in the military?

MILM8

1. Yes
2. No

M9. What is your religious or spiritual affiliation?

RLGM9

1. Catholic
2. Protestant
3. Buddhist
5. Confucianism/Ancestry worship
6. Muslim
7. Other (Specify): _____
8. No religion (Go to M11)

M10. How frequently do you go to Church or attend church, temple, or another religious ceremony?

1. At least once in a week
2. Two times a month
3. Once a month
4. Less than once a month
5. Very rarely
6. Don't go

FRLGM10

M11. To get a picture of people's economic situation, we need to know the general range of incomes of all people we interview. Now, please think about (your/your family's) total income from all sources, including money from jobs; net income from business, farm, or rent; pensions; dividends; interest; social security payments; public assistance; and any other money/ income received by members of this household.

Did you/your family receive $30,000 or more in 1993?

1. Yes 2. No (GO TO M15) 8. Don't know (GO TO N1) INCM11

M12. Was it 35,000 or more?

1. Yes 2. No (GO TO N1) INCM12

M13. Was it 40,000 or more?

1. Yes 2. No (GO TO N1) INCM13

M14. Was it 50,000 or more?

1. Yes 2. No INCM14

GO TO N1

M15. Was it 25,000 or more?

1. Yes (GO TO N1) 2. No INCM15

M16. Was it 20,000 or more?

1. Yes (GO TO N1) 2. No INCM16

M17. Was it 15,000 or more?

1. Yes (GO TO N1) 2. No INCM17

M18. Was it 10,000 or more?

1. Yes (GO TO N1) 2. No INCM18

M19. Was it 5,000 or more?

1. Yes 2. No INCM19

GO TO N1

AIDS/HIV AND SUBSTANCE USE (N)

-- FOR ALL WOMEN AGE 15-44 --

N1. Have you ever heard of AIDs or the AIDS virus called HIV?

1. Yes — HHIVN1
2. No (GO TO N5)

N2. In which of the following ways do you think a person can get the AIDS virus?

READ DOWN THE LIST

	Yes	No	Don't know	
a. Shaking hands or hugging	1	2	8	GTHIVN2A
b. Being in the same room with a person who has the AIDs virus	1	2	8	GTHIVN2B
c. Sharing needles used for drugs	1	2	8	GTHIVN2C
d. Sexual intercourse between men	1	2	8	GTHIVN2D
e. Sexual intercourse between a man and a woman	1	2	8	GTHIVN2E
f. Giving a blood transfusion	1	2	8	GTHIVN2F
g. Receiving a blood transfusion	1	2	8	GTHIVN2G
h. Being bitten by an insect that has bitten someone with AID's virus	1	2	8	GTHIVN2H

N3. Can a person get AIDS from someone who is HIV + but does not have the disease?

1. Yes — INFN3
2. No
8. Don't know

N4. What risk do you think there is of you getting AIDS? (READ)

1. A great risk — RKN4
2. Some risk
3. Not much risk, or
4. No risk at all
8. I don't know.

N5. Have you smoked 100 or more cigarettes, that's about 5 packs, in your entire life?

1. Yes ESMKN5
2. No (GO TO N9)

N6. At what age did you first smoke cigarettes?

1. __ __ AGE IN YEARS ASMKN6

N7. Do you smoke cigarettes now?

1. Yes CSMKN7
2. No (GO TO N9)

N8. On the average, how many cigarettes a day do you smoke now?
(20 cigarettes = 1 pack)

Number of cigarettes a day: ___ ____ CIGDYN8

N9. Does anyone in your household smoke on a daily/regular basis?

1. Yes (GO TO N 10) HSMKN9
2. No (GO TO N11)

N10. Of those in your household who smoke on a daily/regular basis, how many are:

MSMKN10

MALE: _____ FEMALE: _____ WSMKN10

N11. Are you exposed to cigarette smoke at your workplace?

1. Yes 3. Not working EXPCN11
2. No

N12. Have you consumed any alcoholic beverages within the past week?

1. Yes DRKN12
2. No (GO TO N14)
3. I have never consumed alcohol. (GO TO N16)

N13. How many times during the past week did you have 5 or more drinks on one occasion?

___ ___ Number of times (GO TO N15) TDKN13

N14. The last time you had a drink was READ CHOICES

1. Within the past month LDKCN14
2. Within the past year
3. Longer

N15. At what age did you first begin consuming alcohol?

___ ___ Years of age ADKN15

N16. Have you ever used any of the following drugs or substances?

READ DOWN THE NAMES OF THE FOLLOWING ITEMS, IF THE ANSWER IS YES, ASK:

CIRCLE ON THE APPROPRIATE NUMBERS

	NEVER	MORE THAN 1 YEAR	PAST YEAR	PAST WEEK	REFUSED	
a. Tranquilizers (e.g. Xanax, Valium)	0	1	2	3	9	DUN16A
b. Diet Pills, speed or similar drugs	0	1	2	3	9	DUN16B
c. Narcotic Pain Medicines -------- (Tylenol #3, Percocet, Demerol)	0	1	2	3	9	DUN16C
d. Marijuana, Hashish ----------	0	1	2	3	9	DUN16D
e. Sniffing inhalants ---------- (glue, gasoline, lighter fluid)	0	1	2	3	9	DUN16E
f. Cocaine ----------	0	1	2	3	9	DUN16F
g. Crack ----------	0	1	2	3	9	DUN16G
h. Ice ----------	0	1	2	3	9	DUN16H
i. LSD, peyote, psychedelics, mushrooms, or mescaline ---------	0	1	2	3	9	DUN16I
j. Heroin or other illegal narcotics	0	1	2	3	9	DUN16J
k. Other (SPECIFY BELOW):	0	1	2	3	9	DUN16K

_____

_____

END OF THE QUESTIONNAIRE.